Quarterly Progress Report
July 1 - September 30, 2012

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Prepared for
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LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART and male circumcision (MC), for people living with HIV/AIDS (PLHA).

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation. During the quarter, ZPCT II continued providing support to all districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II supported 392 health facilities (371 public and 21 private) across 44 districts. Key activities and achievements for this reporting period include the following:

- 196,217 individuals received CT services in 392 supported facilities. Of these, 138,630 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 57,587 women received PMTCT services (counseled, tested for HIV and received results), out of which 3,891 tested HIV positive across all supported facilities providing PMTCT services. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 3,599.
- Provided technical assistance with a focus on new technical strategies and monitoring quality of services.
- All ZPCT II supported facilities offered palliative care services, which addressed the needs of 236,636 individuals.
- 133 public and 18 private health facilities provided ART services and all 151 report their data independently. Of these 133 health facilities providing ART services, 34 are hospitals and 99 are health centers. A total of 7,232 new clients (including 525 children) were initiated on antiretroviral therapy. Cumulatively, 158,817 individuals are currently on antiretroviral therapy and of these 11,034 are children.

- MC services were provided in 52 public and three private health facilities this quarter. 12,999 men were circumcised across the ZPCT II supported provinces
- 418 health care workers were trained by ZPCT II in the following courses: 97 in CT, 84 in PMTCT, 125 in adult ART/OI management, 19 in male circumcision, 61 in ART commodity management for laboratory (31) and pharmacy (30 and 14 in equipment use and maintenance. In addition, 18 HCWs were trained in adherence counseling.
- 286 community volunteers trained by ZPCT II as follows: 145 in CT, 118 in PMTCT, and 23 in adherence counseling
- This quarter, 40 HCWs from Copperbelt, Northern, and North-Western Provinces were mentored under the model sites strategy
- Three private sector facilities were assessed for possible support, and their MOUs will be signed next quarter
- 52 new refurbishments targeted for 2012 that were advertised are currently being evaluated and reviewed before contracts are awarded. Contract signing and commencement of works is expected next quarter.
- MOU signed with the University of Zambia School of Medicine to enhance operational research in ZPCT II
- Through the Saving Mothers Giving Life (SMGL) initiative, ZPCT II procured three vehicle ambulances and twelve motorcycle ambulances this quarter. In addition, ZPCT II is currently refurbishing twelve mothers' waiting shelters in Mansa District.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Oct. – Dec. 2012)

ZPCT II partners with the MOH at national, provincial, district and facility levels and will also continue to collaborate with other non-GRZ partner organizations at all levels. The following activities are anticipated for next quarter (October – December 2012):

- Preparation of 2013 workplan and submission to USAID
- Assessments for health facilities, amendment of 62 recipient agreements (one UTH, five PMOs, 44 DMOs, and 11 hospitals). In addition, two subcontracts for CHAZ and KCTT will be amended
- Distribution of the nine motor vehicles and laboratory equipment
- Handover of the SMGL newly refurbished Mothers waiting shelters, distribution of the 12 motorcycles, and three motor vehicle ambulances
- Evaluation of the nurse prescriber program
- Signing of the private health facility MOUs
- Analysis of the web-to-sms and screening for chronic conditions using chronic HIV Checklist pilots and plan for scale if results are positive
- Collection of capacity building management indicators from graduated districts, mentorship in human resource and financial management, and trainings in governance and finance management planning
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- ZPCT II is developing four research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS, QA/QI, and training.

ZPCT II Project Achievements August 1, 2009 to September 30, 2012

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (July–Sept 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sept 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Sept 2012)	Male	Female	Total
1.1	***Counseling and Testing (Projections from ZPCT service statistics)***							
	Service outlets providing CT according to national or international standards	370	392 (371 Public,21 Private)	370	392 (371 Public,21 Private)			392 (371 Public,21 Private)
	Individuals who received HIV/AIDS CT and received their test results	728,000	1,455,039	718,999	427,587	68,645	69,985	138,630
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT)[1]	1,300,000	2,084,710	936,115	605,252	68,645	127,572	196,217
	Individuals trained in CT according to national or international standards	2,316	1512	491	185	34	63	97
1.2	***Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)***							
	Service outlets providing the minimum package of PMTCT services	359	378 (362 Public, 16 Private)	359	378 (362 Public, 16 Private)			378 (362 Public, 16 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	629,671	217,116	177,665		57,587	57,587
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	64,720	22,000	12,375		3,599	3,599
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	3,212	1,023	319	26	58	84
1.3	***Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)***							
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	392 (371 Public,21 Private)	370	392 (371 Public,21 Private)			392 (371 Public,21 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)[2]	560,000	253,582	268,986	242,027	94,465	142,171	236,636
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	20,019	21409	19,204	8,776	8,677	17,453
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1,891	763	375	44	81	125
	Service outlets providing ART	130	151 (133 Public, 18Private)	132	151 (133 Public,18 Private)			151 (133 Public,18 Private)
	Individuals newly initiating on ART during the reporting period	115,250	96,572	37,487	22,559	3,059	4,173	7,232
	Pediatrics newly initiating on ART during the reporting period	11,250	7,365	3,267	1,649	272	253	525
	Individuals receiving ART at the end of the period	146,000	158,817	173,958	158,817	63,154	95,663	158,817
	Pediatrics receiving ART at the end of the period	11,700	11,034	12,474	11,034	5,514	5,520	11,034
	Health workers trained to deliver ART services according to national or international standards	3,120	1891	763	375	44	81	125
	TB/HIV							

[1] Next Generation COP indicator includes PMTCT

[2] **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (July–Sept 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sept 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Sept 2012)	Male	Female	Total
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	392 (371 Public,21 Private)	370	392 (371 Public,21 Private)			392 (371 Public,21 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	16,778	6,051	3,496	534	415	949
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,891	763	375	44	81	125
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	28,429	4,152	8,508	1,808	1,260	3,068
	1.4 Male Circumcision (ZPCT II projections)							
	Service outlets providing MC services	50	55 (52 Public,3 Private)	50	55 (52 Public,3 Private)			55 (52 Public,3 Private)
	Individuals trained to provide MC services	260	310	68	81	9	10	19
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	30,364	8,000	21,043	12,999		12,999
	2.1 Laboratory Support (Projections from ZPCT service statistics)							
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	117 (105 Public, 12 Private)	X	117 (105 Public, 12 Private)			117 (105 Public, 12 Private)
	Laboratories with capacity to perform clini cal laboratory tests	N/A	145 (128 Public, 17 Private)	138	145 (128 Public, 17 Private)			145 (128 Public, 17 Private)
	Individuals trained in the provision of laboratory-related activities	375	771	87	120	33	12	45
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	4,229,402	1,388,251	1,179,819			378,939
	2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)							
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	1,524	491	240	78	67	145
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1,120	350	371	43	75	118
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	632	145	102	6	17	23
	3 Capacity Building for PHOs and DHOs (ZPCT II projections)							
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47	47	47			47
	4 Public-Private Partnerships (ZPCT II projections)							
	Private health facilities providing HIV/AIDS services	30	21	24	21			21
	Gender							
	Number of pregnant women receiving PMTCT services with partner	N/A	191,836	N/A	64,027		20,240	20,240
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	475,282	N/A	136,882	19,651	24,903	44,554

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

1.1: Expand counseling and testing (CT) services

CT services were provided in 371 public and 21 private facilities this quarter. A total of 138,630 clients were counseled, tested and received results. Of these, 16,837 clients were HIV positive and were referred for assessment for ART. Technical assistance provided to HCWs and lay counselors focused on the following:

- Couple counseling and testing: Couple CT remained a priority, especially for partners attending clinic alone. This quarter, ZPCT II mentored HCWs and community volunteers to strengthen couples counseling and linkages to care for HIV positive clients. This is in line with the revisions in the ART guidelines and the need to identify discordant couples for early initiation for those testing HIV positive. In addition, clients coming alone but have partners were encouraged to bring their partners to be counseled and tested. Also, training and mentorship of HCWs and community volunteers in the supported facilities was done to support and strengthen couple CT services. As a result, 24,310 general couple CT clients and 20,240 PMTCT partners received CT this quarter. A total of 44,550 individuals received CT as couples.

- Integrating CT into other health services: 8,399 CT clients were referred for FP and provided with FP services, and 14,804 FP clients were provided with CT services this quarter. In addition, 1,735 TB clients with unknown HIV status received CT, and 17,015 who tested HIV-positive and screened for TB were referred for enrollment into care. During this reporting period, a supervision and professional support counselors meeting was held where it was agreed to allocate counselors to FP and MC to specifically document and strengthen all CT referrals. This is to ensure that all women of childbearing age seeking FP, and men seeking MC services are provided with CT on opt-out basis. ZPCT II also replaced the missing and worn-out job aids.

- Strengthening of retesting of HIV negative CT clients: ZPCT II continued mentorship of HCWs to support re-testing of all HIV negative CT clients after the three month window period as well as improve proper documentation through working with data entry clerks based in the facilities. A total of 25,334 negative clients were re-tested this quarter compared to 24,365 during the previous quarter with 2,659 (10%) of them testing positive.

- Pediatric CT services: Routine child CT continued to be strengthened in both under-five clinics and pediatric wards. 21,807 children were tested for HIV in both under-five clinics and pediatric wards across the six supported provinces this quarter. Of these, 1,111 tested positive, received their test results and were linked to care and treatment services. 525 children were commenced on ART.

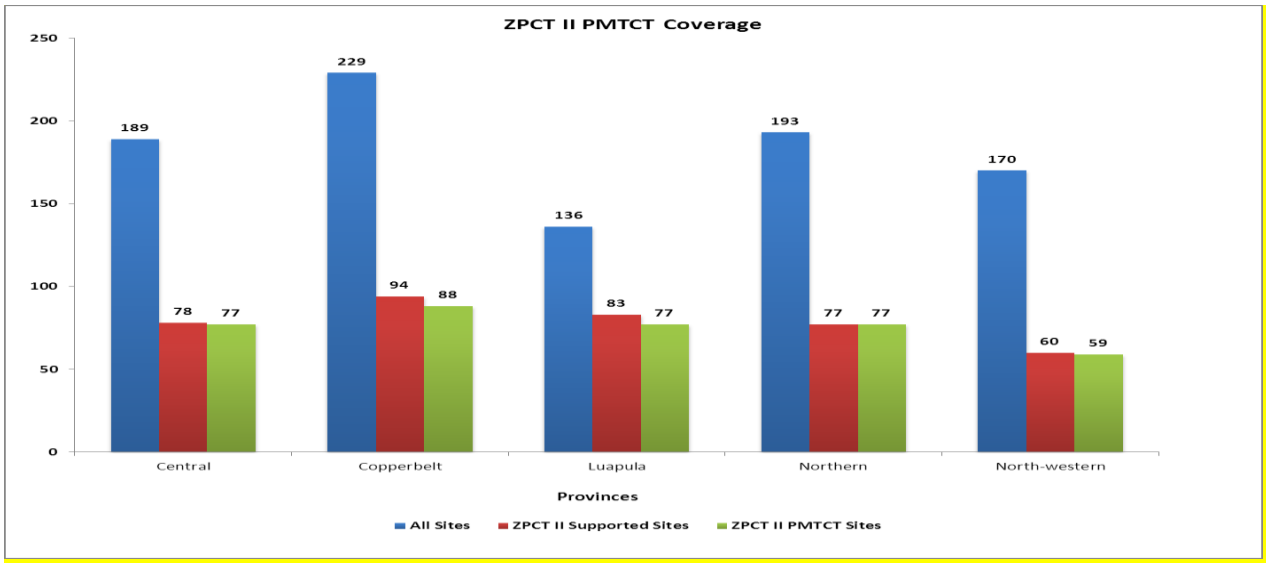
- Screening for chronic conditions within CT services: ZPCT II continued to strengthen routine use of the chronic HIV care (CHC) symptom screening checklist to screen for hypertension, diabetes mellitus and tuberculosis (TB) in CT settings. Mentorship continued to both HCWs and lay counselors in administering of the CHC checklist. As a result, there was an improvement on the number of clients who had the checklist administered, 25,928 in this quarter compared to 24,210 in the previous quarter.

- Integration of screening for gender based violence (GBV): Screening for GBV remained a priority even during this quarter. HCWs and lay counselors were oriented on GBV in all CT trainings and during post-training mentorship sessions to enable them to screen for GBV as they provided CT services. In addition, counselors were encouraged to refer any victims of GBV to other services as need such as emergency contraception, legal aid, etc.

- Prevention with Positives (PwP): 16,640 clients were reached with PwP messages and activities that included risk reduction counseling, family planning counseling and services, and behaviour change messages and education on the use of and supply of condoms to clients.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

A total of 362 public and 16 private health facilities provided PMTCT services across the six ZPCT II-supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



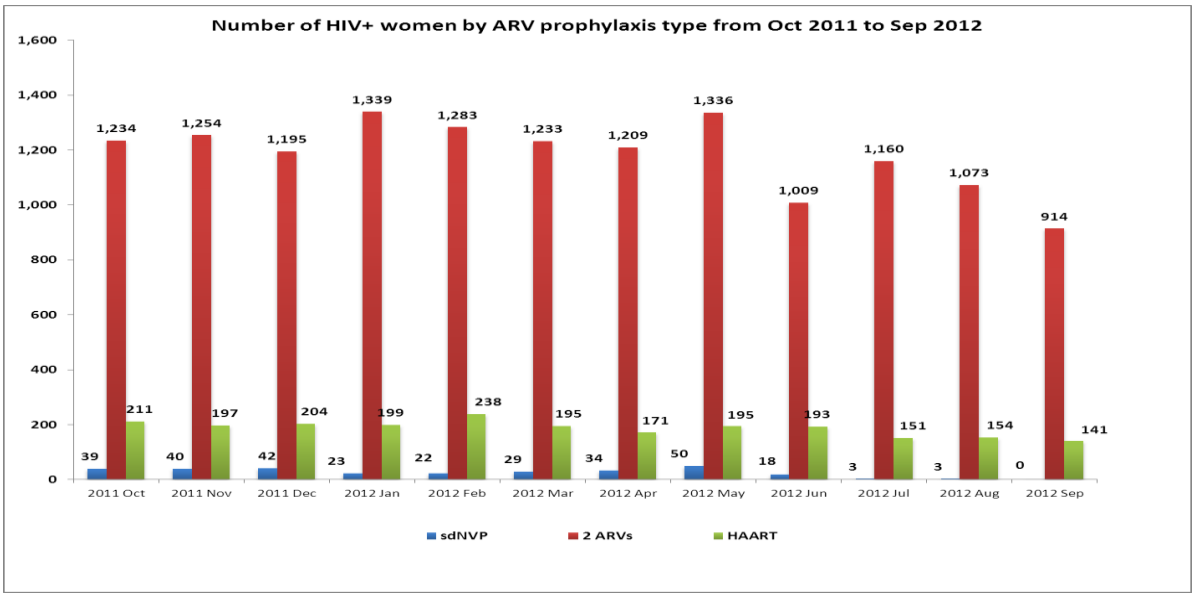
This quarter, 57, 587 new antenatal clients accessed PMTCT services. Of these, 3,891 pregnant women tested HIV positive and 3,599 of them received a complete course of ARVs for PMTCT. In line with renewed global and national efforts towards elimination of MTCT of HIV, ZPCT II worked closely with the HCWs in supported facilities to improve the following:

- Access to CD4 assessment or WHO staging: This was strengthened through continued technical support to health care workers on the need for improved access to CD4 count on booking days for HIV positive pregnant women to facilitate provision of HAART to the eligible clients. During the quarter, 2,106 of the 3,891 (54%) HIV positive pregnant women had their CD4 assessment done, while 2,544 were assessed either by CD4 or by WHO clinical staging.

- Provision of more efficacious ARV regimens for HIV positive pregnant women: Out of 3,891 pregnant women that tested HIV positive, 3,593 (99%) of them received more efficacious regimens (either AZT/NVP or HAART). Only 1% of all HIV positive pregnant women received single dose Nevirapine. Of the 2,106 HIV positive pregnant women that were assessed for eligibility by CD4 count, 810 were eligible for HAART and 446 (55%) were initiated on HAART.

- Re-testing of HIV negative pregnant women: An increase in the number of clients retesting was noted, and this was attributed to the continued mentorship of health care workers and community counselors on HIV retesting for pregnant women who test HIV negative early in their pregnancies and before delivery in all the sites providing PMTCT services. This quarter, 13,944 pregnant women were re-tested for HIV with 299 (2%) sero-converting compared to 13,705 and 603 (4%) sero conversion in the last quarter. All those that sero-converted were provided with ARVs for PMTCT prophylaxis or treatment accordingly.

- Strengthening early infant diagnosis (EID) of HIV for exposed babies: DBS collection for all exposed infants continued in the ZPCT II supported facilities this quarter. Mother baby follow up was done on the clients that missed the appointments. A total of 238 health facilities were provided EID services during this quarter. 5,128 samples were sent to the PCR laboratory at ADCH, out of which 340 (6%) were reactive. 173 of the 340 children that tested HIV positive by PCR were linked to care and treatment.



Other TA areas of focus under PMTCT included:

- <u>The web2sms services to reduce turnaround time:</u> Web2sms services are ongoing in the pilot sites but were disrupted in many places due to operational issues with the service provider.

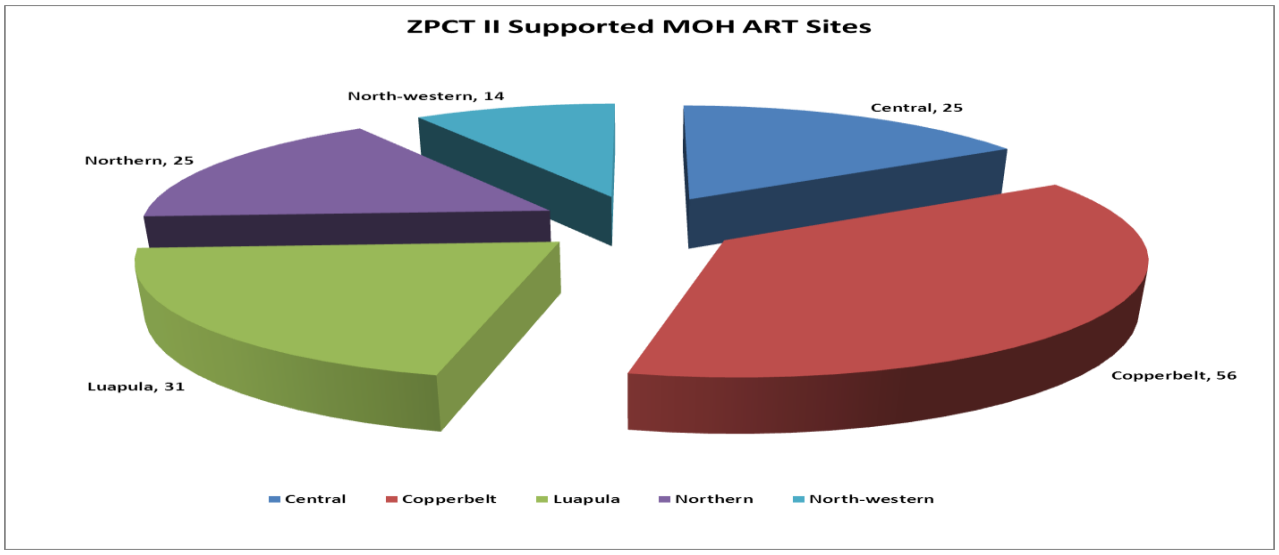
- <u>Integrating family planning within ANC/PMTCT and ART services:</u> Mentorship continued for both HCWs and community volunteer counselors on how to the provide FP counseling to clients seeking PMTCT and ART services.

- <u>HIV retesting study:</u> This is ongoing in the ten study sites. Data continued to be collected and entered in a data base and will be analyzed at the end of the study.

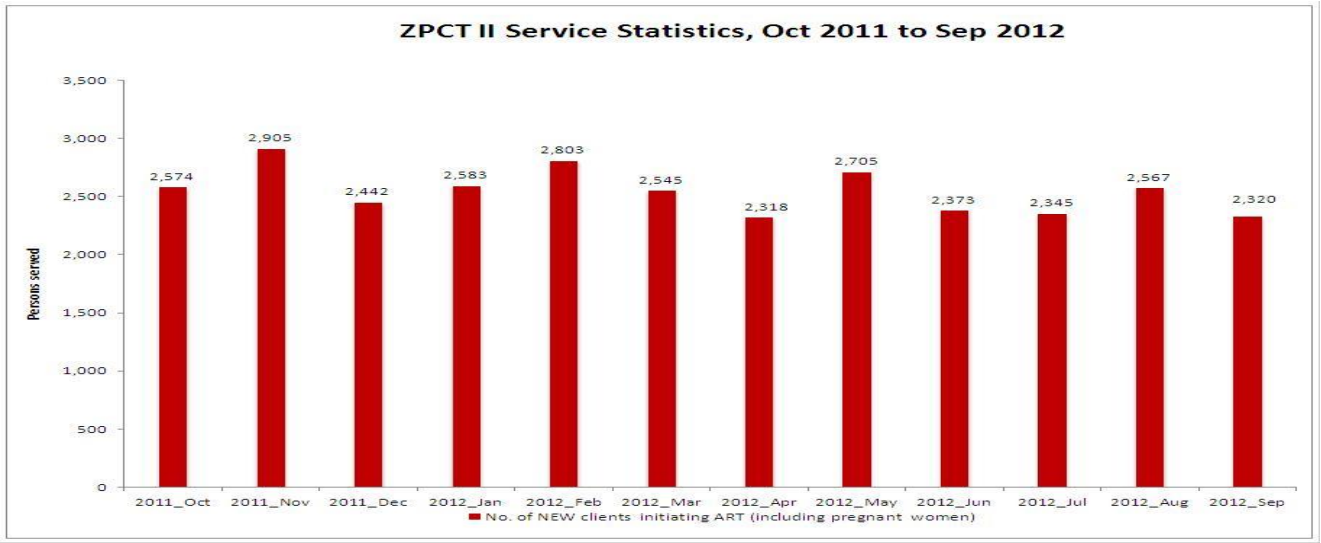
1.3: Expand treatment services and basic health care and support

ART services

A total of 133 public (34 are hospitals and 99 health centers) and 18 private health facilities are providing ART services in the six ZPCT II supported provinces. All the 133 are independent public ART facilities and report their data independently. This quarter, an additional four private sector health facilities started reporting data, bringing the total supported private health facilities to 21 with 18 providing ART services. In addition, three private health facilities were assessed for possible support, their MOUs were drafted, and these will be signed next quarter.



7,232 new clients (including 525 children) were initiated on antiretroviral therapy this quarter. This included 517 pregnant women that were identified through the PMTCT program – 64% of all eligible HIV positive pregnant women. Cumulatively, there are now 158,817 patients that are receiving treatment through the ZPCT II supported sites, out of which 11,034 are children. ZPCT II staff continued to provide technical assistance to HCWs in the ART clinics to ensure timely initiation of eligible ART clients. This includes eligible pregnant women, HIV positive partners in discordant couples, patients co-infected with HIV and TB, patients co-infected with HIV and active Hepatitis B, children below two years of age as well as those with CD4 count below 350 irrespective of clinical state and WHO baseline clinical stage 3 or 4 irrespective of CD4 count.



ART on-going activities

This quarter, the following aspects were strengthened:

- Mentorship and supervision of HCWs providing ART services: ZPCT II completed onsite orientation of HCWs on the implementation of revised pediatric and adult national ART guidelines. In addition, ZPCT II staff conducted onsite orientation on utilization of SmartCare clinical reports for better patient management at facility level across the six supported provinces.

- Streamlining clinical care/ART indicators: ZPCT II revised some of the existing indicators and introduced some new indicators to capture new emerging issues such as; tracking discordant couples in CT and

PMTCT being initiated on ART; number of children below two years being initiated on treatment; number of abnormal laboratory tests for kidney and liver function to ensure appropriate early clinical intervention. These streamlined indicators have been shared with the ZPCT II provincial staff for use. In addition, staff reviewed the systematic use of SmartCare late for pharmacy clinical report to synchronize with updating of loss to follow up (LTFU) information.

- Support towards accreditation of ART sites: ZPCT II continued rendering technical assistance to sites awaiting accreditation by Health Professions Council of Zambia (HPCZ) across the six supported provinces. Due to resource challenges, HPCZ did not conduct any assessments as planned in Northern and North-Western Provinces. However, ZPCT II in collaboration with DMOs clinical care team conducted internal mock assessments in these two provinces in preparation for the HPCZ full accreditation assessments, and provided category A and B documents that are required for a site to be accredited.

- HIV Nurse Practitioner (HNP) program: ZPCT II participated in the development of a framework that will be used in the evaluation of the HNP program focusing on past graduates, mentors as well as assessing client satisfaction in clinics where the trained nurse prescribers operate. The Ministry of Health (MOH) and General Nursing Council (GNC) have commenced training of Nurse tutors for integrating the HNP program in nursing schools as a standard post-graduate course for nurses starting in January 2013.

- Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology: Although the pilot was closed in March 2012, the service has continued in all the sites that were involved in the pilot albeit with technical operational challenges attributable to the service provider MTN. This has been mainly because the current service provider cannot block voice calls on sim cards used for SMS, lending the system prone to potential abuse. Therefore, ZPCT II reviewed the situation and considered taking on another vendor with capacity to provide SMS services according to the project specifications. This activity will take off next quarter. ZPCT II started working on the evaluation of the pilot program, starting with writing a full protocol for this purpose. The protocol is expected to be finalized early next quarter after ethical approval followed by data analysis.

- Post exposure prophylaxis (PEP): The number of sites with capacity to provide PEP services was at 311 while a total of 168 clients accessed this service. ZPCT II has continued working with MOH to ensure availability of PEP registers and ARV drugs especially in non-ART sites. With support from the MOH pharmacy staff progress is being reported on the ordering process for PEP drugs including emergency contraception drugs as part of PEP package.

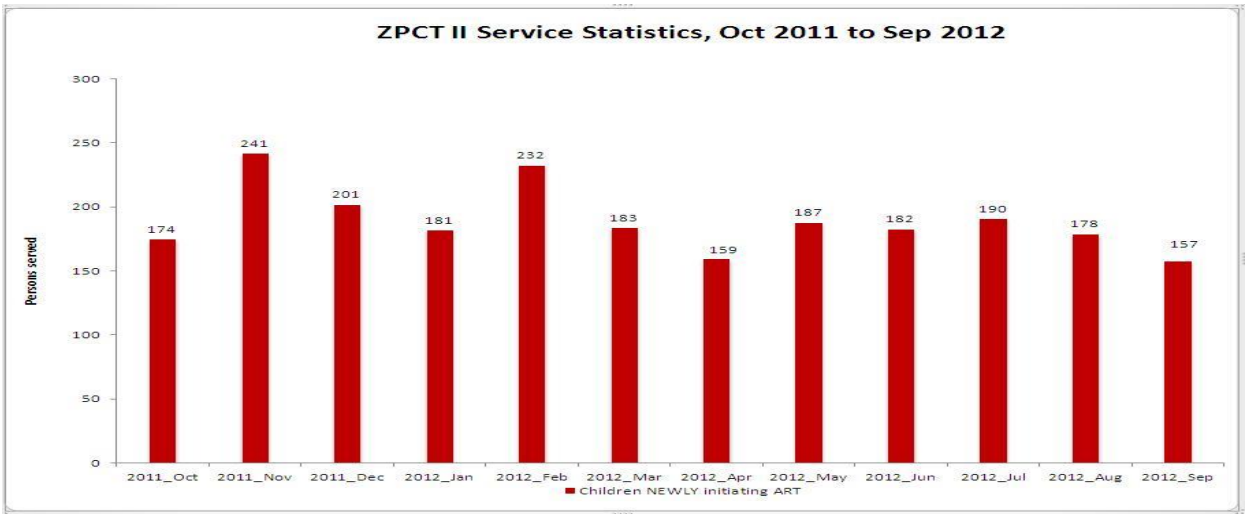
- Model sites: 37 HCWs from the Northern, North-Western and Copperbelt Provinces were mentored at Kasama, Solwezi and Nchanga North General Hospitals respectively. Next quarter, a second pool of mentors from the second set of model sites in each province will be trained in Lusaka to upgrade their knowledge and skills in their respective technical areas. Mentorship activities for these year two model sites will start soon after.

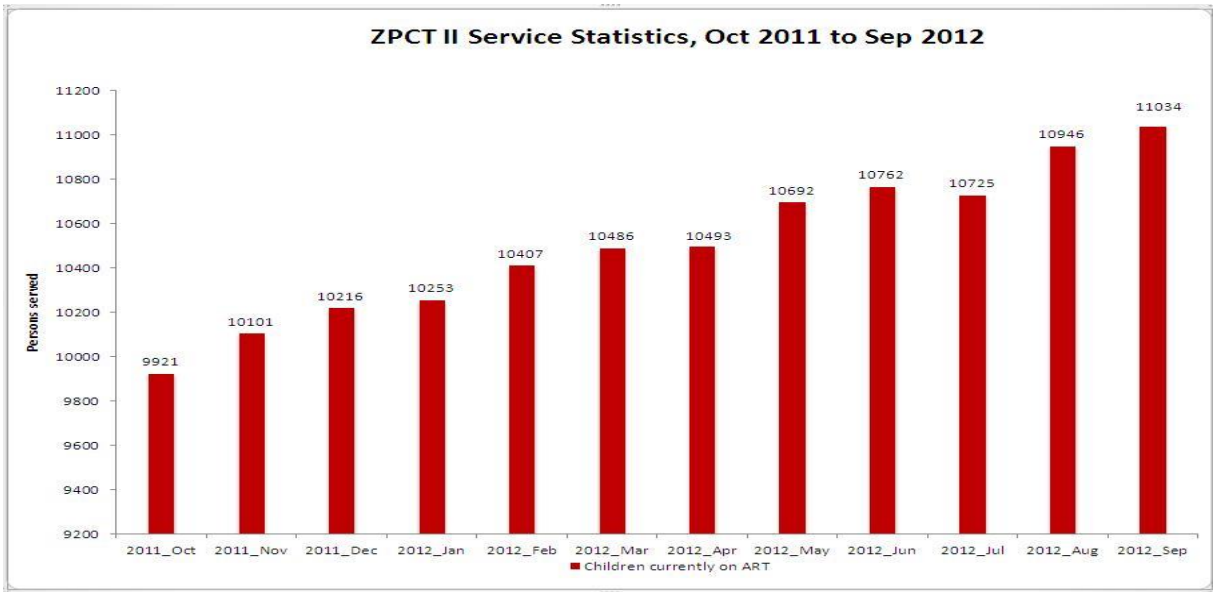
Pediatric ART activities

ZPCT II supported the provision of quality pediatric HIV services in 151 ART sites this quarter. From these facilities, 525 children were initiated on antiretroviral therapy, while 11,034 children remain active on treatment. The focus of technical assistance by ZPCT II for pediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: With the fast tracking of HIV positive DBS results that was introduced last quarter, and in an effort to monitor whether all HIV positive children are being initiated on treatment, ZPCT II rolled out additional service statistic indicators (among the new/revised ones), which pool together the following for an analytical monthly cascade; total number of DBS results collected, total number of children who tested HIV positive using DBS and total number of children between 0 to 24 months who were initiated on ART on monthly. This will facilitate easy tracking of progress in pediatric HIV services. In addition, ZPCT II in collaboration with DMOs has established facility pediatric point persons for receiving the fast tracked PCR results and ensuring early follow up on clients. This quarter, 173 pediatric clients where initiated on HAART between 0 to 24 months based on the national guidelines for those with positive DBS results.

- Adolescent HIV clinics: This quarter, ZPCT II commenced reporting on new adolescent age group indicators to monitor the program performance in line with the PEPFAR tool kit for the 10 to 19 years age group. 387 adolescents were initiated on ART this quarter, while 3,431 are currently on ART. All the six provinces have reported conducting at least one onsite orientation for startup activities for adolescent HIV clinics at all supported provincial general hospitals. This is one of the follow up action points that were developed for all provincial teams that participated in the three day attachment at UTH centre of excellence in the previous quarter.





Clinical palliative care services

A total of 371 public and 21 private health facilities provided clinical palliative care services for PLHA this quarter. 236,636 (including 17,453 children) clients received care and support at ZPCT II supported sites. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), and nutrition assessment using body mass index (BMI). In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: 16,645 patients were screened using the chronic HIV checklist this reporting period. In addition, ZPCT II made a presentation on "pilot screening for diabetes mellitus in HIV clinical settings" preliminary evaluation lessons learned and success stories. Among the findings, of all clients screened using the symptom screening checklist, only 1% of those screened through CT services and 2% of those screened through ART services had symptoms suggestive of diabetes mellitus. These clients with symptoms suggestive of diabetes had their blood sugar levels checked by glucometer, and about 5% of them were found to have high blood sugar levels in both CT and ART service areas. They were

referred for confirmation of the diabetes through additional blood tests in the laboratory. A more thorough analysis is expected to be done in the next quarter.

- Nutrition assessment and counseling: ZPCT II continues to support the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). During this quarter, a new indicator on number of clients assessed for nutrition status using BMI was introduced, and 10,684 were reported to have been assessed.

- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 15,840 clients received screening for GBV in ART clinical settings. This was primarily done by the ASWs.

- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who needed treatment in accordance with the national guidelines. This quarter, 6,708 clients were put on cotrimoxazole prophylaxis, including 2,653 initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up male circumcision (MC) services

55 ZPCT II supported facilities provided MC services (52 public and three private). Twelve facilities initiated MC services this quarter, including; Kalulushi, Bulangililo, Zamtan, Luangwa, Shimukunami, Masaiti and Zambia Flying Doctor Service. Other were; Kabushi, and Ikelenge, Mungwi Baptist, Mumbeji, and St. John's Private Clinic. Technical assistance, mentorship and supportive supervision were provided in all the supported sites. During this reporting period, 12,999 men were circumcised (6,868 in static sites and 6,131 through outreach MC services). Out of these, 9,811 were counseled and tested for HIV before being circumcised (75.5% testing rate). In addition, ZPCT II participated in the national MC campaign that was being led by the MOH with support from all MC implementing partners. The national target for this campaign was 30,000, out of which ZPCT II was given a target of 5,000 men to be circumcised. ZPCT II did some aggressive reprograming and reallocation of MC outreach resources and set provincial targets. This resulted in 8,467 men being circumcised in the month of August 2012, the highest ever monthly uptake since introduction of the MC services in the ZPCT II program. The campaign was extended to the end of September 2012 but uptake was not as high as August 2012 due to late announcement and starting of the extended campaign, fatigue by the HCWs, and child health week activities which were being conducted in September. Efforts to strengthen MC services have continued in static sites.

- Mentorship and supervision of HCWs providing MC services: Technical assistance, mentorship and supportive supervision were provided in all the MC supported sites with focus on providing hands-on mentorship to newly trained HCWs in initiating MC Service in the new sites. Additionally, attention was given to ensuring adherence to good data management. Next quarter, Surgical Society of Zambia (SSZ) providers of MC trainings on behalf of ZPCT II will conduct technical support and supervision visits in all the sites where they recently trained HCWs.

- Support towards accreditation of MC sites: ZPCT II has been working with PMOs to ensure facilities adhere to the HPCZ MC draft accreditation standards so as to ensure adequate quality of care for facilities and patients. Progress towards finalizing accreditation documents at national level is in progress but awaiting final consensus.

- Mobile MC activities: To increase the numbers of clients being reached with MC services, ZPCT II continued implementing mobile MC activities. This quarter, ZPCT II participated in the national MC school holiday campaign. Through the mobile MC services, 6,125 were circumcised in the following provinces; 1,546 in Central, 1,723 in Copperbelt, 1,346 in Luapula, 443 in Northern, and 1,067 in North-Western. The approach in the last campaign was to identify four DMOs in each province who were each supported with resources to conduct outreach activities and given a target of 250 MCs each. With mass media sensitization and support from the MOH national level and from respective PMOs, the results were significant.

- Job aids and IEC materials for MC: IEC material disseminated country-wide were developed with help of community leaders at national level. To increase the coverage of nationally recorded messages audio CD recording for traditional leaders, MC champions or satisfied clients, MC radio program interview guide and client leaflets where circulated to all provincial teams for use in community mobilization. These materials are now in use.

- National level MC activities: ZPCT II participated in the following national MC activities; planning for the national MC campaign; the national MC media workshop, and review of the national MC registers and training package.

TB-HIV services
ZPCT II supported its health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- Strengthening of screening for TB: HCWs continued to use the CHC check list as part of Intensified Case Finding (ICF) for TB. 17,015 were screened for TB in the clinical settings and 969 of patients receiving HIV care and treatment were started on TB treatment.

- TB and ART co-management: ZPCT II has enhanced monitoring of this activity with introduction of indicators in the last quarter which focus on tracking the number of HIV positive TB clients who started ART treatment within 30 and 60 days of initiating TB treatment and beyond 60 days. The focus of these indicators is to monitor the strong linkage for HIV positive TB clients who are eligible for ART and end up being initiated accordingly as early as possible. Published literature shows better clinical outcomes in terms of morbidity (sickness) and mortality (death) for those who start early on ART. Next quarter, ZPCT II will give better insight on performance of these indicators.

- The Three 'I's protocol: ZPCT II is working in collaboration with TB Care I on a protocol on the 3 'I's initiative which focuses on Intensified Case Finding (ICF); Infection Control (IC) and Isoniazid Preventive Therapy (IPT). ZPCT II's roles will include early referral of newly enrolled HIV positive clients for gene expert test to rule out TB, supply chain issues and communication between the TB/HIV programs partners and MOH staff (district/facility) as well as train clinicians on early ART initiation for TB patients.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory services
ZPCT II supported 128 laboratories in public health facilities this quarter.105 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 23 provide minimal laboratory support. In addition, ZPCT II is supporting 17 laboratories under the public-private partnership, 12 of which have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital**:** This quarter the PCR laboratory manager received training in automated real time PCR techniques applicable for early infant diagnosis and viral load using Roche molecular diagnostic equipment at the CDC approved center in South Africa. The lab manager will apply these latest concepts to the routine work in the PCR lab and it is also expected that should the PCR laboratory transition to automated systems capacity as has been recommended by the MOH, this would be developed through the manager.

  Furthermore, the PCR laboratory has continued to be part of the External Quality Control Proficiency Testing program run by the CDC Division of Global AIDS in Atlanta. During this quarter, the laboratory received results of the second proficiency testing (PT) panel for the year 2012. A score of 100% was achieved by the laboratory. There was a significant improvement in supply of reagents and consumables as the laboratory did not experience any stock out of reagents and consumables during this quarter. This is attributed to the timely submission of consumption reports by the laboratories.

- Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results: ZPCT II worked closely with UNICEF in the implementation and roll-out of the Program Mwana SMS initiative of sending PCR results via SMS or printers to participating facilities. So far the system is working well.

MOH, with support from UNICEF and ZPCT II, plans to roll out implementation of the project Mwana to 200 facilities nationally. Master training has taken place for Lusaka ZPCT II staff and these in turn trained district and provincial staff trainers in Luapula and Central Provinces this quarter. The remaining three provinces will also have their TOT in the next quarter. These district and provincial trainers will in turn train facility staff on how to use the SMS facility. Specimen referral system: During the quarter, specimen referral activities continued normally with a total of 250 facilities referring 39,000 samples to 91 laboratories with CD4 capacity. Referral activities were constantly monitored to ensure follow up and where feasible, redirecting specimens was effected to ensure minimal interruption in service delivery.

- Internal quality control (IQC): ZPCT II monitored the use of the internal quality control forms and further monitored equipment user maintenance activities this quarter. Verification of internal quality control through documentation of control runs, temperature monitoring, Levy Jennings charts, equipment maintenance and corrective action logs was fulfilled during the quarter. There is definite improvement in the practices and documentation of internal quality control and this demonstrates that facilities have grasped good clinical laboratory practices (GCLP).

- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:

  - *CD4 EQA Program:* All 21 facilities enrolled on this program are performing above average. Sequential filing of feedback reports however seems to be a challenge but this is being addressed through the provision of folders to the participating facilities. Summary reports from the national reference lab continue to be reviewed upon receipt and follow up to address issues noted continues to be resolved.

  - *TB EQA:* Documented external quality assurance was reviewed and sites are still inconsistent in their participation. This has been addressed with our implementing partner TB Care I and with joint interventions with MOH/CDL and CDC this metric is expected to improve. Provincial staff will continue monitoring participation and feedback reports from assessing agencies to verify performance. Discussions to include ZPCT II laboratory technical staff in training for improved technical assistance are still in progress but plan to be concluded before the end of the next quarter.

  - *HIV EQA Program:* Challenges around HIV EQA implementation were discussed at the laboratory TWG in October 2012. Panels have not been produced due to staff shortages at the reference laboratory but sites are being encouraged to continue implementing the 10^{th} sample quality control procedure. When the proficiency panels are reintroduced it is planned that the two quality checks will complement each other.

  - *10th Sample QC for HIV testing and other EQA Monitoring:* 10^{th} sample EQA has continued progressing well as sites are fully conscious of the need to have testing techniques quality checked.

- Commodity management: HIV test kits were well stocked throughout the quarter with a few facilities reporting stock outs attributed to late /non-reporting and challenges with district level redistribution processes. Reagents for BD FACSCalibur and ABX Pentra C200 chemistry were received centrally towards the end of the quarter and stock situation in the facilities was beginning to normalize at the end of the reporting period. It is hoped that all affected sites will receive replenishments at the beginning of the next quarter. DBS kits were well stocked throughout the quarter with a few facilities reporting stock out, however by the end of the quarter DBS kits were stocked out at medical stores limited but no stock outs were reported at health facility level. ZPCT II has continued provincial redistributions of the supplies it procured as a stop-gap measure, and continues national level monitoring of stock availability in collaboration with MOH.

- Equipment: ZPCT II continued to support equipment maintenance activities on vital laboratory equipment throughout the quarter. Major breakdown reports included Cobas Integra chemistry analyzers, requiring major part replacements and a few FACSCounts that were attended to by equipment vendors. Utilization of the BD FACSCalibur equipment throughout the six provinces only started towards the end of the quarter when reagents were received centrally. ZPCT II has continued to

follow up with preventive maintenance of this vital equipment ensuring appropriate use of the instrument.

Pharmacy services

Technical support to pharmaceutical services was provided in 392 ZPCT II supported health facilities (371 public and 21 private). The major focus of technical assistance (TA) was on promotion of rational drug use to ensure good therapeutic outcomes for patients, rational utilization of essential medicines and medical supplies by monitoring adherence, and compliance to national treatment protocols. Other focus areas were on strengthening facility supply chain linkages to improve stock availability, and reduce on stock imbalances at service delivery points in supported provinces.

- ARTServ dispensing tool: This continued to be used in 92 facilities (87 public and five private) across the supported provinces. Seven of these facilities were not able to use the tool due to malfunctioning computers and human resource constraints in some provinces.

- SmartCare: ZPCT II continued to monitor the performance of the SmartCare integrated pharmacy module at 17 facilities using the system and a total of five of these sites upgraded to the SmartCare version 4.5. This quarter, two facilities were not able to produce computer generated R&Rs and had to resort to manual ordering systems.

- Pharmaceutical Management: ZPCT II worked in collaboration with MOH and other cooperating partners to develop a national mentorship program for pharmacy aimed at improving pharmaceutical services in the public health systems. The program is designed to target underperforming service delivery points but also to generally improve standards across all facilities to ensure uniformity of services and improve on quality. This intervention will be implemented at facility level by creating a structure that includes both supportive supervision of the pharmacy staff as well as set tools and frameworks to help staff overcome challenges that they face in their work.

- Rational Medicine Use: A stakeholder's meeting was held this quarter in an effort to strengthen the Pharmacovigilance System in Zambia through harmonization of medicine safety monitoring activities for better protection of public health by all implementing partners. A number of resolutions were made including standardization of the reporting structure, training requirements and other activities to be undertaken in collaboration with all collaborating partners. In an effort to improve more collaboration and coordination among HCWs at both facility and district level, ZPCT II made a deliberate move to strengthen the establishment of drugs and therapeutics committees (DTC's) by provision of DTC guidelines and support for the holding of such meetings. A number of DMOs expressed their interest and readiness to support this initiative.

- Other support
  - *Post Exposure Prophylaxis:* Implementation of the PEP program went quite well in all provinces except Northern. There was notable increase in access to PEP medicines for non-ART sites. The issue of lack of pediatric Kaletra at facility level will be followed up next quarter as there is sufficient stock available at MSL which can be used in support of PEP. Although further guidance has not been provided by MOH at central level, ZPCT II noted improved acceptance of this concept at PMO and DMO level.

  - *Public Private Partnership:* Despite the absence of guidance and any official directive from MOH at central level, there has been improved coordination between the DMO and the private facilities in relation to supply chain management systems. All the PPP sites have been allowed to access ARV drugs for PMTCT and ART. However, there is need to continue monitoring the provision of quality pharmaceutical services and adherence to set standards for pharmacy practice.

- Supply chain and commodity management: Technical assistance visits were conducted during this quarter with a focus on monitoring quality of services and to strengthen commodity management systems. The stock imbalances noted in the previous quarters at CHAZ supported sites under ZPCT II have greatly improved and the situation has stabilized.

  - *ARV Logistics System Status:* The quarter under review recorded an overstock of Triomune 30 and other Stavudine based products due to its decreased use as a result of change in guidelines. Towards

the end of the quarter, some sites reported non-availability of Kaletra pediatric solution despite it being overstocked at MSL. Atripla was low at MSL and at some facilities due to the increased use as a result of the change in guidelines.

- *PMTCT Logistics System:* There were reports of low stock of Zidovudine tablets at some facilities despite the stock being available at national level. Redistribution between facilities with excess stocks is ongoing to ensure minimal interruptions in service delivery.

- *EMLIP:* Two provinces experienced some challenges in stock management as some of the essential medicines and medical supplies were not stocked according to plan. They also complained of non-delivery of consignments on time as per MSL delivery schedule.

During this reporting period, ZPCT II distributed additional MC essential consumable kits and MC reusable instrument kits and supplementary bulk supplies to MC sites in support of the nation-wide MC August campaign which extended into September. As a result of the over-whelming response, consumption of most of the supplies increased above the projected rates and ZPCT II will work with SCMS to replenish stocks in the coming quarter. The mosquito forceps that was omitted from all the instrument sets is still outstanding; other challenges included the lack of disposable MC kits for outreach activities and insufficient povidone iodine at MC sites and a complete stock out at MSL. Monitoring the use of these commodities is ongoing in the facilities to ensure accountability and appropriate, rational use of the procured commodities.

- Guidelines and SOPs: The editorial committee tasked to spearhead this activity made remarkable progress this quarter and submitted a draft copy to MOH. UNICEF in support of MOH activities has offered assistance for typesetting of this document (Zambia National Formulary and the National Strategic Plan). It is planned that next quarter, a stake holders' consensus meeting will be held to adopt the SOPs. ZPCT II will support the printing and dissemination of the documents for the sites it supports.

2.2: Develop the capacity of facility and community-based health workers

Trainings

ZPCT II supported training of HCWs and community cadres from its supported health facilities in the following:

- *Counseling and testing:* basic CT (20 HCWs and 31 lay counselors), CT refresher (40 HCWs and 77 lay counselors), child CT (10 HCWs and 11 lay counselors), couple counseling (17 HCWs and 15 lay counselors) supervision counseling (10 HCWs and 11 lay counselors).

- *PMTCT:* 49 HCWs and 68 lay counselors were trained in PMTCT, while 35 HCWs and 50 lay counselors underwent refresher training in PMTCT.

- *Clinical care/ART:* 54 HCWs were trained in ART/OI, and 71 HCWs underwent refresher training in ART/OI. Participants were drawn from ZPCT II supported ART sites in Copperbelt, North-Western, Central and Luapula provinces. In addition, 18 HCWs and 23 lay counselors underwent training in adherence counseling. 19 HCWs were trained in male circumcision from Copperbelt and Central Provinces.

- *Laboratory/Pharmacy:* 33 HCWs were trained in ART commodity management from ZPCT II supported facilities, and 28 HCWs attended ART commodity management refresher training. In addition, 14 HCWs were trained in equipment use and maintenance.

Basic PMTCT, CT and full ART and OI management technical trainings included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

This quarter, three provincial mentorship orientations were conducted at model sites for 40 HCWs in Copperbelt, Northern, and North-Western Provinces. Also, ZPCT II participated in the planning sessions for the evaluation of the nurse prescriber program. The actual evaluation is scheduled to take place in the next quarter.

2.3: Engage community/faith-based groups

1,277 community volunteers were supported by ZPCT II (322 ASWs, 453 Lay counselors, and 502 PMTCT Lay counselors) this quarter. During this reporting period, CARE Zambia subcontracted the Zambia National Commercial Bank LTD to make payments to the ZPCT II community volunteers through its Xapit account systems. This provision of payment to the community volunteers includes ATM cards and cell phone notifications. Implementation started on the Copperbelt Province where 257 volunteers out of 341 were paid through the bank. Progress has been made to put volunteers in other provinces on this system. When fully rolled out 60% of the total volunteers are expected to be paid through the bank and only 40% paid by ZPCT II community staff.

Also, the community team worked with the Senior PMTCT/CT Officer in Central Province to complete a second assessment of lay counselors who did not meet the requirements for certification during the last assessment that was conducted in the month of November 2011. Out of the 12 candidates, one had stopped practicing while another one died leaving 10 who were re-assessed. Of these, four of them met the certification requirements, 6 did not meet the requirements. The poor performance by most of the trainees can be attributed to the low level of education that made it difficult for them to assimilate and undertake the role of CT supervisors. It was also observed that the facilities had developed a tendency of sending people for training as a matter of routine and on rotational basis instead of choosing participants on merit. It was resolved that participants had to be chosen on merit and that health workers needed to give full support to volunteers that underwent any training.

The ZPCT II community volunteers referred clients to the supported sites in these areas, including:

- *PMTCT:* PMTCT volunteers and TBAs continued referring clients to access PMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 10,463 expectant mothers were referred for PMTCT services and 8,374 accessed the services at the health facilities in the five provinces.

- *Clinical care:* The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 8,285 clients (4,237 females and 4,048 males) were referred for clinical care, and 6,801 (3,434 females and 3367 males) accessed the services.

- *ART:* This quarter, adherence support workers (ASWs) continued to visit PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. As a result, ASWs visited 7,162 clients (3,218 females and 3,944 males) in the five provinces.

In an effort to ensure sustainability of community mobilization, to create demand for prevention, care and treatment services in static health facilities, the community unit has introduced a new model of community mobilization based on neighborhood health committee (NHC) and health centre committee (HCC) managed by MOH. In this model the community unit has been conducting orientation meetings for NHC and HCC members in health facility catchment areas on strategies designed to ensure that there is steady flow of clients into the static sites in a cost effective and self-sustaining manner which can continue even post ZPCT II phase out. This quarter, orientation meetings were conducted for NHCs in 14 health facilities in four provinces (five in North-Western, six in Copperbelt, two in Luapula, and one in Northern). The orientations are being rolled out to all the facilities in phases.

Mobile MC

A total of 12,188 males were mobilized and booked for MC, and 10,097 males were circumcised. As a standard practice, all males were tested before their circumcision. Some of the mobilized clients opted to stay away and others were referred for further medical attention. These MC activities were conducted during the national MC school holiday campaigns.

Referral networks

ZPCT II continued to partner and coordinate with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to strengthen district-wide referral networks.

Thirty-seven of the 44 district referral networks are considered "functional" as they hold regular meetings, six districts are still considered weak (Milenge in Luapula, Lufwanyama in Copperbelt, Chinsali in Muchinga, Chilubi in Northern, and Chavuma and Ikelenge in North-Western), and one inactive (Mafinga in Muchinga). The ZPCT II teams in the supported provinces have held meetings with the DMOs in weak and inactive districts and agreement has been reached on how to strengthen them, including dates for remedial referral network planning meetings.

Fixed obligation grants
Monitoring visits were conducted to six sub-grantees in Central, Copperbelt, Northern, and North-Western provinces to verify the status of implementation this quarter. During the visits, five CBOs had completed implementing the second milestone of the fixed obligation grant, and one CBO had completed its first milestone. Data on the contribution to the mobilization and referral indicators is still being compiled from the facilities. Data available in the reports from the sub-grantees indicated that they had made client referrals to the health facilities as follows: CT 2,485 (1,095 females and 790 males), PMTCT 840 females, and MC 518 males.

Trainings
During this quarter, 11 community volunteers (4 females and 7 males) were trained in CT supervision in Northern Province from these districts; Kasama, Mpika, Nsama, Mbala, and Chilubi Island. In addition, 23 new adherence support workers (17 females and 6 males) were trained in adherence counseling from Central, Copperbelt, Luapula, Northern, and North-Western provinces.

Also, ZPCT II conducted two trainings for the Network of Zambian People Living with HIV/AIDS (NZP+) members from Luapula and Northern Provinces. 50 NZP+ members were trained, 25 in Luapula Province (15 females and 10 males), and 25 in Northern Province (12 females and 13 males). The purpose of these trainings were to promote positive prevention, adherence to ART, demand creation and awareness, and addressing gender based violence issues in the communities.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

This quarter, ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in providing facility mentorships and technical assistance. This was found to be necessary to help them transfer the learned skills to staff at health facility level. .ZPCT II continued providing support in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

ZPCT II revised the indicators for the gender strategy in order to align them to the PEPFAR gender crosscutting strategies as well as the GRZ's vision for equal access to HIV/AIDS services by men and women. Collection of data on the revised indicators started in June 2012. So far, data on all indicators relating to screening and referral of GBV survivors show a steady increase from 14,791 in the last quarter to 52,229 this reporting period.

This steady increase can be attributed to the trainings conducted for HCWs on proactive GBV screening and referral in the supported sites. Additionally, provincial training in gender integration, GBV screening, and referral of GBV survivors was conducted in Northern Province this quarter. North-Western Province plans to conduct these trainings next quarter.

During the reporting period, ZPCT II has continued implementing strategies that increase gender integration in PMTCT, CT, FP and RH services and promote equal participation and access to HIV and AIDS services by both men and women. 20,435 males whose pregnant women are receiving PMTCT services received HIV CT and their test results. A total of 19,647 were tested for HIV as couples, and 4,019 couples were counseled for family planning/reproductive health. A total of 52,229 clients were screened for GBV using the CHC checklist, while 87 rape/sexual assault victims were provided with PEP.

This quarter, ZPCT II worked with the Zambia Police Victim Support Unit (ZP-VSU) who made presentations during the provincial GBV screening and referral trainings. Also, ZP-VSU made a presentation to Lusaka ZPCT II staff on the management of GBV survivors. In addition, ZPCT II developed guidelines and tools to guide gender integration into service provision. In the next quarter the following will be finalized: the module for integrating gender into PMTCT; the participants' manuals for GBV and ASWs, the module on gender for PMTCT as well as the guide for writing success stories.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

The SI unit, working with the MOH at facility level, mentored health care workers in the use of QA/QI data to improve quality of service delivery in areas noted in the national SOPs and guidelines. HCWs from all ZPCT II sites were mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level.

This quarter, the provincial teams started the collection of capacity building management indicators from ZPCT II graduated districts. The indicators were collected from 21 of the 24 graduated districts across the six provinces. The four capacity building management indicators include; HR retention database, performance management assessments, funds disbursement, and action plan reviews.

- *HR retention database:* The tools indicate whether the graduated districts had an up-to-date personnel retention database or not. In all the 21 districts, it was found that personnel databases were up to date and contained information on health staff in the district including number of staff by type, transfers, attrition, variance in staffing levels, staff training and development plans, and leave plans. However, the database does not capture staff progression in the system.

- *Performance management assessments*: It was observed that 18 of the 21 districts worked on the recommendations made from previous technical support visits. However, Kawambwa and Mansa in Luapula Province and Mufumbwe in North-Western Province had no recent technical support and performance assessment reports because these activities had been overshadowed by the mandatory Child Health Week.

- *Financial management*: This indicator focuses on DMO funds disbursement to facilities. It was found that all the 21 districts sent funds to respective facilities as required. The major challenge was that funds were at times received late at the DMO and consequently disbursed late to respective facilities. Further, DMO does not analyze the imprest retirements from the facilities to determine usage of the advanced funds. The DMO records only captured the amount of money disbursed and whether or not the funds had been retired. Without the analysis of the expenditure from the facilities, it was not possible to determine if the funds provided to the facilities were being spent according to their action plans or budgets.

- *Planning*: The indicator focuses on the total number of times the action plan is reviewed and revised during each implementation year. The goal is to ensure that district action plans are reviewed and revised quarterly in each implementation year to ensure planned activities are being implemented as planned and priorities are realigned in light of changing district priorities and funding environment. A review of documents at the 21 DMOs indicated that all but one had revised their action plans every quarter. Mansa district had not revised its action plans since the year begun. The district management was advised to consider the reviews as necessary in efficient planning utilisation of resources.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

During this quarter, the trained PMO staff conducted mentorships in human resource and financial management in their respective provinces for DMO staff. These hands-on mentorships conducted are aimed at enhancing the DMO accounts and human resource staff in carrying out their responsibilities using approved systems and guidelines. The PMO staff conducted mentorship in Copperbelt, Luapula, Northern, and North-Western provinces. A total of 21 district medical offices were reached. Districts in Central Province were not mentored due to PMO performance assessment activities. The mentorship plans have since been rescheduled to next quarter as this is an ongoing activity.

Copperbelt and Central Provinces hosted HR and finance refresher trainings for PMO staff aimed at strengthening their capacity to provide technical support to the DMOs. The trainings which were conducted by NIPA were held over a period of five days and drew 21 participants from eight DMOs and five PMOs. Participants included district medical officers, planners, human resource officers, clinical and nursing officers and financial officers.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

During this quarter, four additional private sector health facilities started reporting data bringing the total to 21 with 18 of them providing ART services. In addition, three private health facilities were identified and assessed for possible support. The signing of the MOUs for these sites is expected next quarter. The MOUs for the 18 private health facilities were renewed to ensure continued ZPCT II technical support in capacity building. 15 HCWs from the supported private health facilities were trained in various technical areas as follows: nine in ART/OI; one in CT supervision; three in PMTCT; one in ART commodity management for laboratory, and one in ART commodity management for pharmacy. Data collection tools (MOH registers) have been distributed and are currently being used for data collection. Technical assistance in the facilities continued so that all the national HIV/AIDS guidelines are fully operationalized in these sites. Plans are underway to start the QA/QI processes in the private health facilities in the next quarter.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care program in Ndola and Kitwe districts. ZPCT II continued to provide technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively. In addition, 64 new clients were initiated on ART and 824 old clients were reviewed.

During the reporting period, an MOU was signed with UNZA School of Medicine to enhance operational research in ZPCT II. Also, ZPCT II hosted the private sector health facility meeting that was attended by supported private health facilities, Copperbelt PMO and DMOs. Additionally, provincial and district review meetings organized in the ZPCT II sites where data review, technical update and program issues were discussed this quarter.

At the national level, ZPCT II continues meeting with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision. Plans are ongoing to formalize collaboration through regular meetings with other partners at the provincial level.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

ZPCT II continues to compile service statistics for the quarterly program results and other data reports for USAID as well as PEPFAR reporting. In addition, the SI unit worked on the HIV retesting study and received databases from the pilot sites. The data will again be analyzed and identified gaps will be discussed at a technical unit meeting next quarter. Feedback will again be sent to the provincial offices for further corrective action.

During the period under review, a combined training for 12 Data Entry Clerks (DECs) from Luapula and Northern Province was conducted in Kasama from July 23 – 27, 2012. These were newly employed DECs and the training was for five-days in HIV/TB health management information systems.

The SI unit continued its involvement in the refining of four research protocols, including: male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, and training studies in collaboration with other technical unit members.

This quarter, ZPCT II participated in the 'Program Mwana' TOT training in conjunction with Ministry of Health (ICT unit) and ZCHARD in Luapula. Program Mwana is an initiative that utilizes mobile technology to strengthen health services for mothers and infants and thus addresses early infant diagnosis (EID) of HIV and post-natal care. The program focused on the following; delivers infant HIV results from PCR Lab to facilities with SMS and printer, tracks DBS samples through the logistics system, provides web monitoring tools for management of the SMS program for PMOs, DMOs and partners, birth registration and patient tracing by CHWs, SMS reminders for post-natal visits, and specific traces for DBS results being returned. A total of 19 PMO and DMO staff were trained from September 18 – 29, 2012. Other trainings for Central, Copperbelt, Northern and North-Western provinces will be conducted next quarter.

Quality assurance and quality improvement (QA/QI)
Quality Assurance /Quality Improvement assessments were conducted by all ZPCT II provincial technical staff in the following technical areas: ART/CC, PMTCT, CT, Laboratory, Pharmacy as well as Monitoring and Evaluation. The QA/QI tools were administered in both non-graduated and graduated districts.

Health Systems Strengthening using ZPCT II QA/QI Tools
This quarter, an assessment of eligible ZPCT II supported sites in both graduated and non-graduated districts was done through the administration of QA/QI questionnaires in the following technical areas: ART/clinical care, PMTCT, HIV CT, laboratory support, pharmacy support and M&E, by the ZPCT II provincial staff. Since quality improvement is data-driven, the generated reports therefore provided the basis for developing quality improvement plans for identified priority areas per program.

ART/Clinical Care
ART provider and facility checklists were administered in 97 reporting ART health facilities in both graduated and non-graduated districts. The main findings are as follows:

Health care providers are still initiating children on D4T and have not switched those eligible from D4T based regimen and in outreach facilities providers are still initiating adult patients on ART using D4T based regimen. Affected districts include; Kasempa, Zambezi**,** Solwezi, Kabompo, Kawambwa, Mwense, and Chienge. The reasons advanced for this include:

- Clinicians are not diligent to follow the ART management protocols, while Chiyeke in North-Western Province had run out of the recommended regimens.
- Patients are not adhering to their appointed clinical and pharmacy reviews thus staying on a non-standard regimen for a long time until they come to the facility
- Clinicians say due to difficulties faced in doing routine monitoring labs on patients and low frequency of visits to the outreach sites, they prefer to initiate ART using D4T based regimen

Action Taken:
- MOH Principal Clinical Care Officer (PCCO) will be actively involved in reviewing all the ART files and help in switching all the children that require change.
- ZPCT II clinical care unit (CCU) to continue with model site mentorship to improve the clinicians' alertness and skill.
- DMO's Clinical Care Officers to be offering comprehensive and consistent supervisory visits to ART clinics and to encourage facility clinical meetings.
- HCWs not trained in ART will have to be trained during the next available ART trainings.

A high number of untrained health care workers in paediatric and adult ART management in facilities.The affected districts include: Chienge, Nchelenge, Samfya, Serenje, Chibombo, Mkushi, Kabwe and Kapiri Mposhi. The main reasons advanced for these were as follows:

- The affected provinces budgeted for only one pediatric ART training for the year 2012 (which has since been held in March 2012).
- HCWs trained in pediatric and adult ART management are frequently rotated to other service areas.
- High attrition rates for HCWs.

Action Taken:

- Engage DMOs to retain trained staff in ART clinics for a specified period of time.
- Lobby for more pediatric and adult ART trainings through ZPCT II Lusaka office.
- The clinical care unit to continue mentoring staff for the need to hold meetings and discuss specific patients.
- The clinical care unit to continue mentoring staff on the importance of patient monitoring by both clinical and laboratory methods

Most facilities are not obtaining patient referral feedback slips. The affected districts include: Kitwe, Ndola, Luanshya, Lufwanyama, Chingola, Mufulira, Kalulushi, Chililabombwe, Chienge, Nchelenge and Samfya. The main reasons advanced for these were as follows:

- Clinicians are not diligent in completing feedback information
- There is a lack of set procedures on the return of referral feedback slips in facilities.
- No one at facility is tasked with tracing referral slips

Action Taken:

- Engage with the various districts in order to streamline the movement of patient data from centers.
- Liaise with facility In-charges to ensure that HCWs are assigned to handle referrals and corresponding feedback.
- Mentor staff at facilities on the required reporting channels, the importance of documentation and information sharing among healthcare workers.

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 302 CT and 302 PMTCT sites both graduated and non-graduated districts. The main findings of the CT/PMTCT quality assessments are as follows:

Some facilities are not routinely referring CT negative clients for male circumcision services, family planning services, tuberculosis management services and management of sexually transmitted infections. The affected districts include: Kitwe, Lufwanyama, Masaiti, Mufulira, Chililabombwe, Ndola, Chingola, Mpongwe, Kapiri Mposhi, Mkushi, Kabwe, Serenje, Mumbwa, Kasama, Mbala, Nakonde, Mungwi, and Mpika. The reasons advanced for this include:

- The linkage between CT and MC are not being documented in the CT register despite staff offering CT services to uncircumcised men.
- Lay counselors are not pro-active in referring CT clients for other services.
- Some facilities only document TB clients in the TB register and not in the CT register.
- Some facilities do not have TB registers and registers for suspected TB clients
  Health care workers have not internalized the referral system linking CT to other service areas such MC, FP, and STI

Action Taken:

- PMTCT/CT officers to continue mentorship to ensure that correct and complete and appropriate documentation is done for all services provided, including strengthening documentation of referrals

Haemoglobin (Hb) monitoring in PMTCT services are not being implemented according to the national protocols in some facilities. The affected districts include: Mpika, Nakonde, Mbala, Mufulira, Ndola, Chibombo, Serenje and Mkushi. The reasons given for these are as follows:

- Facility staff are not ordering the micro cuvettes from Medical Stores Limited (MSL) through the district medical office (DMO).
- Clinics have no hemocue machines to help in routine Hb monitoring for all ANC women in MCH.

Action Taken:

- Facility In-charge encouraged to order microcuvettes from MSL through DMO.
- PMTCT unit to continue liaising with laboratory/pharmacy unit on the repair of the broken down hemocue machines.
- PMTCT unit to follow up with program unit to ensure that hemocue machines are included in the next recipient agreement amendments as most of them have become obsolete.

Facilities are not collecting CD4 count samples according to the MOH PMTCT guidelines. Affected districts include: Kitwe, Chingola, Ndola, Luanshya, Solwezi, Zambezi and Chavuma. The reasons advanced for these are follows:

- Disruption of the sample referral system resulting from non-availability of or broken down motorbikes which take too long at the service site.
- Samples being rejected when brought after the agreed time or not on the agreed day.
- In some facilities antenatal booking days are not the days allocated to the facilities for CD4.
- Trained staff not always available at the facility to draw blood for CD4.

Action Taken:

- Facilities encouraged to be claiming fuel for sample referral and program unit to be consistent in reimbursing fuel as soon as it runs out.
- CT/PMTCT unit discussed with DMOs to assist in transporting spacemen to district laboratories.
- PMTCT and program units to assess the need of purchasing more motor bikes, and engage vendors to speed maintenance of motorbikes.

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 90 health facilities in both graduated and non-graduated districts. The following issues were documented:

Competency tests for both new and existing staff are not being done in some laboratory facilities. Affected districts include Kasama, Luwingu, Mporokoso, Mpulungu, Chinsali, Kaputa, Kawambwa, Mansa, Milenge, Mwense and Samfya. The reasons advanced for these are:

- This is a relatively new concept which is yet to be internalized.

Action Taken:

- Competency tests to be implemented following the successful completion of reference points by attendees to the SLMTA laboratory improvement program.
- A pilot being conducted at Kasama General Hospital (Northern Province)

Some of laboratories do not have trained biosafety *laboratory* personnel and designated safety officers. The affected districts include: Kitwe, Ndola, Mpongwe, Kawambwa, Mansa, Milenge, Mwense, Samfya, Kasempa, Mwinilunga, and Kabompo. The reasons advanced for these are follows:

- Some facilities only have one lab staff.
- There are new laboratory staff who have just been received in some facilities.

Action Taken:

- Mentored laboratory staff to adhere to safety standards and also oversee all safety issues.
- Laboratory technical officer to ensure that all affected staff are considered in future laboratory training plans.

- ZPCT II Laboratory Officers to continue monitoring facility laboratory staff adherence to safety standards.

There is lack of back-up procedures for ART laboratory equipment failure (i.e. BD FACS Count, ABX micros, Humalyzer 2000). Affected districts include; Kasempa, Mwinilunga, Kabompo Kawambwa, Mansa, Milenge and Mwense. The reasons advanced for these are as follows:

- Financial constraints for such capital projects.

Action Taken:
- Laboratory staff encouraged to continue using their sample referral networks in case of equipment breakdown.

Pharmacy
The pharmacy QA tool was used for quality monitoring in 166 health facilities in both graduated and non-graduated districts. The following issues were documented:

Pharmacy bulk stores are not equipped with air conditioning units in some facilities. Affected districts include; Kasama, Mungwi, Kawambwa, Mansa, Milenge, Mwense, Kitwe, Chingola, Lufwanyama, Kalulushi, Zambezi, Mufumbwe and Mwinilunga. The reasons advanced for this were:

- The DMO is yet to install the already procured air conditioning units in the affected facilities.
- ZPCT II has not yet installed the air conditioner at Kasama Urban Clinic.
- New ARV bulk stores which needs to have the air conditioners moved from the old stores to the new one (NWP).
- There is no electricity at Lumpuma in North-Western Province

Action taken:
- Facilitate discussions with DMOs concerning installation of air conditioners.
- Pharmacy Officers to include installation of air conditioning in the RAs for facilities where this challenge is emerging.
- Pharmacy and Laboratory unit to follow up with Program Unit concerning the installation of the air conditioning unit at Kasama Urban Clinic.

Facilities do not have lockable grill doors at the dispensary and bulk store, and do not have lockable cabinets for storing drugs in the dispensing area. Affected districts include; Kawambwa, Mansa, Milenge, Mwense, Serenje, Chibombo, Kapiri Mposhi, Kabwe, Mkushi, Kabompo, Mufumbwe, Mwinilunga, Solwezi, Kasempa, and Ikelenge. The reasons advanced for this include;

- Fewer lockable cabinets available for storing of drugs in the dispensing area
- Lack of electricity to do weld grill doors (Luwi in North Western Province).
- Facility financial constraints to do such projects.

Action taken:
- Pharmacy unit to follow up on the amendments to include procurement of lockable cabinets in the RAs.
- Facility in charges will be urged to consider fitting grill doors from own resources.

Some ART facilities have no SOPs for pharmacy and tracking expiry of drugs. Affected districts include; Kabwe, Kapiri Mposhi, Chibombo Kawambwa, Mansa, Milenge and Mwense. The reasons advanced for this include;
- The SOPs are still undergoing review

Action taken:
- The Pharmacy unit has planned to distribute the newly updated SOPs as soon as they are made available.

Monitoring and Evaluation (M&E)
The M&E QA tool assesses the component of data management, was administered in 278 health facilities in both graduated and non-graduated districts. The notable findings included the following:

SmartCare backups/TDBs are not being done in some ART facilities. Affected facilities were; Nakonde, Kasama, Mbala, Mafinga, Isoka, Mpika, Kawambwa, Mansa, Milenge, Mwense, Chibombo, and Kabwe. The reasons advanced for this include:

- Lack of CDs in some ART facilities to store TDBs on
- Incorrect data entry by DECs making it impossible to generate TDBs.
- Some SmartCare computers have systematic problem in generating TDB.

Action Taken:

- M&E unit to re-install SmartCare in the affected facilities.
- Provide technical assistance to DECs on the importance of correct data entry, generation of TDBs and frequent submission of TDBs to ZPCT II provincial office.
- Distribution of stationery to the affected facilities to be done by the provincial finance and administration unit.

In some facilities supervision of data entry clerks (DECs) by District Health Management Team (DHMT) Officers was not adequate and they did not review their work. This was noted in the following districts; Nakonde, Mpika, Kasama, Kawambwa, Mansa, Milenge and Mwense. Reasons advanced included:

- Some District Health Information Officers (DHIOs) did not know that they are supposed to directly supervise the DECs.

Action Taken:

- SI Unit to discuss with District Health Information Officers (DHIOs) on their role in the supervision of DECs.

Some PMTCT sites did not have completed and up-to-date mother baby follow-up registers and had poor documentation of retests in the CT/PMTCT register. Affected districts include; Mkushi, Serenje, Mumbwa, Kasempa, Zambezi, Solwezi, Kabompo and Mwinilunga. The reasons advanced for this include:

- Most PMTCT facility based service providers do not know how to appropriately document in the baby mother follow up register and how to document retests in the CT/PMTCT register.
- The tendency of health care workers to open temporal or makeshift registers/folders.

Action Taken:

- Intensify technical assistance to all health care workers responsible for documenting in the baby mother follow-up register and retests in the CT/PMTCT register.
- Discourage use of hard cover books and Box files for events that can be documented in the baby mother follow up register.

District graduation and sustainability plan

The number of graduated districts remains at 24 as reported last quarter. Three districts (Isoka, Chibombo and Zambezi) have been targeted for graduation next quarter. In addition, seven more districts have been targeted for graduation in the second quarter of 2013, namely: Mwense, Kasempa, Kapiri Mposhi, Masaiti, Mbala, Mpulungu and Mpongwe.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: ZPCT II continued to provide programmatic, financial and technical support to 371 facilities in the 44 districts across the six provinces this quarter. Next quarter, ZPCT II will be amending a total of 61 recipient agreements, one with UTH –MC Unit, five PMOs, 44 DMOs and 11 hospitals. In addition, two subcontracts for partners (CHAZ and KARA) will be amended.

Renovations: The 52 new refurbishments targeted for 2012 that were advertised are currently being evaluated and reviewed before contracts are awarded. Contract signing and commencement of works are expected next quarter.

Mitigation of environmental impact
As an ongoing activity, ZPCT II monitored management of medical waste and environmental compliance in all of its supported renovations this quarter. Implementation of the plan developed for provision of incinerators, placenta pits and sewage disposal systems still awaits allocation of funds after completion of the budget re-alignment.

Procurement
ZPCT II procured the following equipment and vehicles this quarter, including: 550 Hemocue HB201+ Micro cuvettes, nine project vehicles, five BD FACSCount CD4 machines, five ABX Pentra 200 machines, two ABX CT60 Micros machines, 46 adult scale with height measures, one overhead adjustable light, six counting trays, seven testing trays, four dressing trolleys, four obstetric calendars and two tape measures. The equipment and vehicles will be delivered to ZPCT II offices and supported facilities in the next quarter.

Human Resources

Recruitment
During this quarter, ZPCT II hired four staff to fill positions that had fallen vacant. In addition, recruitment plans are ongoing to fill 22 vacancies resulting from staff attrition

Training and Development
The ZPCT II staff attended training in the following areas during the reporting period:

- *Project Management*: Assistant Training Officer from Lusaka was sponsored for this program
- *Transport Management and Logistics:* A Driver from the ZPCT II Mansa office was sponsored for this program.
- *Leadership and Management Skills for Program Managers and Officers:* Two Provincial Program Officers from the ZPCT II Solwezi office were sponsored for this program.

Information Technology
ZPCT II received 50 x 2GB RAM modules for upgrading health facility computers this quarter. The RAM modules were distributed and installed in the various health facilities. These upgrades will ensure that the health facility computers meet the minimum specifications required for the new version of SmartCare. In addition, ZPCT II assisted MOH with drafting and sending equipment request letters to CDC. CDC has indicated that they have computers that they would like to donate to various health facilities.

This quarter, ZPCT II managed to complete the installation and configuration of the asset management software. Three data entry consultants where hired and managed to transfer all the ZPCT I asset information from excel to the asset management software, and transfer over 70% of the ZPCT II asset information into the software.

In the next quarter, ZPCT II will be migrating from the current email platform to Office365. This new platform will enhance communications and collaboration across ZPCT II and other FHI 360 projects.

Finance
- Pipeline report: The cumulative obligated amount is $82,818,000, out of which we have spent $75,204,796 as of September 30th 2012. The current obligation for the work-plan year January -December 2012 is $25,506,000 and our current expenditure is 17,892,796.00. This is 70.15% of the current obligation. The remaining obligation of $7,613,204 is enough to take us up to December 2012. Using our current burn rate of $2,298,381., the remaining obligation is projected to last us for the next three months.

- Reports for July-Sept 2012
  - SF1034 (Invoice)
  - SF425 (quarterly financial report)

- Financial Reviews and Trainings: During the quarter, ZPCT 11 finance staff attended a finance workshop organized by FHI HQ in Accra – Ghana. The Senior Finance Manager attended the women in leadership

workshop which was held in Cape Town-South Africa. The Lusaka finance staff further conducted a financial review in North-Western Province.

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**
  Shortage of staff in health facilities has remained an ongoing issue across all six provinces. ZPCT II continued to support task shifting, where feasible in the health facilities to mitigate gap. This quarter, 284 community volunteers were trained in counseling and testing, PMTCT, child counseling and adherence counseling to support the HCWs in the health facilities.

- **Laboratory commodity stock-outs**
  Stock-outs of selected commodities were experienced during the quarter under review. These included: hemocue microcuvettes, HIV test kits, Pentra 80 hematology reagents, and. ZPCT II facilitated the redistribution of hemocue microcuvettes and HIV test kits, and will procure microcuvettes as a stop-gap. In addition, Poch pack 65 has been centrally stocked out for more than 6 months. This has adversely affected full blood count enumeration and has placed the burden on patients who have had to access other facilities for testing. Alternatively specimen referral activities have commenced in some facilities. Also, intermittent stock out for some liver function tests were experienced. ZPCT II continued to engage with SCMS and Medical Stores Ltd to ensure availability of vital laboratory reagents (AST, ALT and creatinine for the Humalyzer 2000 and Cobas Integra).

- **Equipment functionality and stock status**
  - *Cobas Integra:* Several major breakdowns of high throughput chemistry analyzers were reported during the quarter notably for Thompson, Ronald Ross and Mpika hospitals. Repairs will require parts to be shipped from abroad and in all these facilities specimen referral activities have commenced. This has, however impacted on turnaround time and timely review of patients. ZPCT II is however, addressing the repair of equipment through close collaboration with the respective equipment vendor.

  - *FACSCalibur:* This quarter, commodities necessary for functionality of the FACSCalibur were replenished after being out of stock for a prolonged period of time. Thus functionality of the instruments has been restored but an urgent need to refresh user operational skills is evident as staff have lost competency on the equipment due to lack of practice. This has been addressed with the respective vendor who is planning for onsite training. It is hoped that commodity availability for this analyzer will remain constant through the coming months.

- **Renovations**
  The status has not changed with regard to inadequate space for service provision. Ongoing discussions with PMOs and DMOs to help them prioritize infrastructure development have not yielded tangible results. ZPCT II will continue to support limited renovations. ZPCT II has identified and will support refurbishments in 52 health facilities and tender documents are currently being developed.

ZPCT II programmatic challenges

- **Inadequate rotational shifts in the PCR laboratory**
  It has been noted that with the increased sample load, the 48 shifts approved for transport reimbursements is inadequate and a fulltime Biomedical Technologist/Scientist will need to be attached to the PCR laboratory from ADCH as indicated in the MOU between ZPCT II and ADCH management. ZPCT II will continue to discuss this with ADCH management although they have indicated that human resource is currently a constraint at the hospital.

- **ZPCT II budget realignment**
  ZPCT II has submitted a request to USAID Zambia to realign the ZPCT II budget, which will allow the continued smooth implementation of all project activities through the end of project period, June 2014. The proposed adjustment merely adjusts existing line items, while remaining under the contracted ZPCT II ceiling.

- **Disposal of medical waste**
  A number of rural facilities still lack running water, incinerators, and septic tanks/soak ways which would facilitate proper disposal of medical waste. ZPCT II has revised the Environmental Mitigation and Management Plan (EMMP) to include provision of MOH approved incinerators and 'placenta pits' in 216 facilities where deliveries are conducted. Facilities currently using ordinary pits will be supported through procurement of requisite impervious polythene sheeting for lining of the waste disposal pits. ZPCT II will also work with facilities to ensure appropriate depth and location of waste disposal pits.

- **Male involvement in PMTCT services**
  This continued to be a challenge in some of the supported provinces. Male involvement in PMTCT services continued being low in urban settings especially in North Western and Copperbelt Provinces. However, ongoing sensitizations to the community continued. Male involvement on the Copperbelt was at 15% and North-Western at 38 % during this reporting period. ZPCT II has continued to work with communities to mobilize and sensitize men and encourage them to form men's' groups which will help them understand the importance male involvement in PMTCT.

- **Gender Based Violence**
  Inadequate referral points for gender based violence victims. Rural areas have very few places where victims of GBV can be referred to; this is particularly serious for raped children who need to be removed from the places of sexual abuse for protection. ZPCT II continued to identify the nearest points of referral and engaging with the different stakeholders. However, this challenge remained the same with no places identified for referrals. Families were and still are hesitant to report gender based violence for fear that their relatives being jailed as most of the GBV cases occur within families. The process of reporting these cases at police stations appears to be cumbersome and results in the victims to abandon the process. In addition, ZPCT II will map stakeholders providing GBV related services and include them in the district directory of service providers in the supported provinces.

- **HIV counseling and testing during MC outreach campaigns**
  Due to unforeseen situation during the MC campaign in terms of high uptake, there was a challenge regarding CT services for MC clients. During this period, the program experienced unprecedented high MC uptake of over 8,000 MC in the month of August alone. This resulted in only about 75.5% of MC clients receiving CT services. Challenges included some stock outs in a few sites, documentation challenges and availability of manpower during campaigns. This is a lesson so that adequate preparations is done during MC campaigns or outreaches in terms of both test kits logistics and availability of manpower to assist with CT.

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ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (July – September 2012)	Travel plans for Next Quarter (October – December 2012)
▪ Silvia Gurrola-Bonilla from Social Impact travelled to Lusaka to provide on-site technical support for strengthening gender integration into the operational research from 19 – 25, August 2012 ▪ Gail Bryan-Mofya, Senior Advisor Pharmaceutical Management, Management Sciences for Health, travelled to the US from July 17 – 30, 2012 to attend meetings at MSH HQ in Cambridge, MA and Arlington, VA. ▪ Mangani Zulu, PCR Laboratory Manager, attended the EID and Viral Load assays training with the National Institute of Communicable Diseases (NICD) in Johannesburg South Africa from September 9 -22, 2012 ▪ Joyce Mwale and Violet Kunda travelled to Nairobi for the Integration for Impact conference from September 9 – 15, 2012 ▪ Anthony Yeta travelled to Rwanda for the CBD field visit from 3rd to 7th September 3 – 7, 2012 ▪ Sitwala Mungunda, Community Program Manager, and Prisca Kasonde, Director Technical Support, attended the International AIDS conference, in Washington DC, USA from July 20 – 29, 2012 ▪ Susan Adamchak (Scientist, FHI360 NC) travelled to Zambia from September 17 – 21, 2012 to conduct training for Research Assistants for the WHO Family Planning study in Kabwe. She also made a brown bag presentation on research at the FHI360/ZPCT II office in Lusaka ▪ Robyn Dayton (Technical Officer-Research and Utilization, FHI360 NC) travelled to Zambia from August 1 – 12, 2012 to evaluate the Youth CT manual on the Copperbelt ▪ Ruth Mushota, Lameck Nyirenda, and Prisca Kasonde travelled to Dar-es-Salaam, Tanzania to attend the FHI 360 PMTCT meeting from September 14 – 19, 2012	▪ Joshua Kashitala to travel to India as part of the FHI 360 Zambia team that will be traveling from November 19 – 23, 2012 for the 2nd Zambia to India Bridge Project exchange visit ▪ Mabvuto Phiri, Provincial Technical Officer for Laboratory Services, will attend the Logistics Management course for Drugs and Medical Commodities in Kenya from November 18 – 24, 2012.

ANNEX B: Meetings and Workshops this Quarter (Jul. – Sept., 2012)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	**July 20, 2012** *Family planning TWG meeting:* ZPCT II attended this meeting held at Ministry of Health boardroom. The aim of the meeting was to discuss updates on FP training; postpartum IUD; contraceptive stock status. During the meeting, ZPCT II made a presentation on how to increase FP uptake through the use of pregnancy checklist/pregnancy test as a way to disseminate the final results of the study conducted in Kabwe and Chibombo Districts in 2009 – 2010
	August 1 – 3, 2012 *TB infection control meeting*: This meeting was held at Cross Roads Lodge in Kitwe. The meeting was organized and sponsored by TB Care I. It brought together all CT/PMTCT technical officers from across the ZPCT II. The objectives of the meeting was to orient the ZPCT II CT/PMTCT staff in TB IC measures and to agree on how these measures can be used/integrated in CT/PMTCT settings. It was agreed that TB Infection Control measures be implemented in MNCH and CT corners
	August 1 – 10, 2012 *Pretesting of youth CT manual for providers:* ZPCT II conducted a training to pretest a youth CT manual for trained and non-trained HCWs and lay counselors which was held in Ndola. The purpose of this training was to refine the manual based on the providers' experiences in facilities. In addition, data collectors trained during this pretest of the manual will collect information on the user friendly of the manual to providers
	August 30, 2012 *SMGL partner meeting:* This meeting was held at ZISSP offices to give updates on action items from previous meetings. Summary of reports on implementation of activities from four SMGL district coordinators were presented and partner's updates provided on their support to SMGL facilities and districts as well as updates on USG district M&E visit.
	September 14 – 19, 2012 *FHI 360 PMTCT meeting:* Ruth Mushota, Lameck Nyirenda, and Prisca Kasonde attended this meeting held in Dare salaam, Tanzania. The meeting brought together FHI 360's key technical staff in the Africa, Latin America, and Asia regions. The workshop was used to launch FHI 360's prevention of mother-to-child transmission of HIV (PMTCT) strategic approach, as well as update technical staff on the current trends in PMTCT and how to best contribute to the global effort to eliminate new pediatric HIV infections. The workshop included the sharing of best practices and technical updates, quality assurance and quality improvement strategies, development of an ongoing action plan, and next steps for implementing FHI 360's PMTCT strategic approach. In addition, SI Advisor made a presentation on quality improvement in PMTCT - an example from Zambia. The other major activity included rolling out trainings on performance improvement approach in Lusaka; a newly quality improvement approach adopted by Ministry of Health.
	September 18, 2012 *eMTCT workshop:* ZPCT II attended this meeting on efficiency and effective workshop at Sandy's Creation to look at what can be done to eliminate Mother to Child Transmission of HIV by the year 2015. We had partners in attendance like EGPAF, CIDRZ, MOH , ZPCT II, BOSTON University, and JSI Deliver
	September 24 – 28, 2012 *Project Mwana (mHealth) TWG Training:* The first training was done in Mansa with 16 PMO and DMO staff trained by master trainers from MOH, UNICEF, ZICCHARD and ZPCT II. With the view to scale up mobile health (SMS Technology) for early infant diagnosis of HIV. The province will there after train facility staff and the community cadres as Remind MI agents
MC	**July 11, 2012** *USG Voluntary Medical Male Circumcision partners Meeting at Society for Family Health:* ZPCT II participated in this meeting which was designed to review the partners MC implementation plans, USAID EQA feedback reports and need to engage traditional leaders through the house of chiefs during the upcoming MC campaigns.
	July 16, 2012 *National MC Communication and Advocacy Committee Meeting at CHAI*: ZPCT II attended and participated in this meeting designed to formulate the demand creation, communication strategies for the August MC National campaign as well as the MC service delivery guidelines for MOH partners
	July 31, 2012 *USG Partners Media Breakfast Blitz for Journalist and Radio DJs at Society for Family Health:* ZPCT II participated in this meeting that was designed to Educate Media houses both print and electronic on the National MC program. In addition it was intended to Promote a Media 'blitz' around the MC campaign month of August 2012 (electronic/print)

Technical Area	Meeting/Workshop/Trainings Attended
	August 23, 2012 *National MC Technical Working Group Meeting at MOH:* the meeting was designed for partners to provide National MC Campaign progress reports to MOH. Through strong collaboration centrally by MOH, the MC August Campaign made significant progress towards national targets of 30,000MCs
	August 28, 2012 *Male Circumcision Commodity Management at JSI offices:* ZPCT II attended the Planning meeting at JSI developing a training package for one day MC commodity management training meeting. During the meeting a MC commodity Facility Usage Report form was adopted for use in capturing data at the facility level
	September13 2012 *National MC Technical Working Group meeting at MOH:* This meeting was designed for MOH to present the consolidated August campaign total achievements MCs performed as part of the HIV Prevention. A total of 45,000 MCs was achieved resulting in a cumulative National total of 91,000 MCs done since January 2012. During this meeting the MOH extended the MC campaign for the month of September to facilitate service provision on already mobilized community
ART/CC	**July 16 – 18, 2012** *Annual National Quantification and Forecasting workshop for ARV & CTX drugs (Fringilla, Chisamba):* ZPCT II participated in three day annual national quantification and forecasting workshop. The purpose was to quantify and forecast for ARV and CTX drug needs based on the assumption that the ministry of health plans offer all children access to ART regardless of CD4 count.; All HIV positive pregnant women to be managed based on option B +,D4T will be phased out completely by 2015 in both children and adults and Atazanavir will be an alternate second line PI to LPV/r.
	August 13 – 16, 2012 *CDC 3Is M&E framework developments meeting:* ZPCT II participated in the five day meeting for the 3Is project M&E frame development facilitated by CDC & USAID team from Washington and Zambia Office .The purpose for this meeting was 3 Is partners (MOH, CIDRZ and TBCARE I) to develop the M&E indictors in line with the project objectives
Laboratory	**July 23, 2012** *Power Challenges*: ZPCT II consulted with the Association of Public Health Laboratories (APHL) through the energy consultant who is working with Ministry of Health in the provision of alternative power sources for laboratory services. It was agreed that ZPCT II would submit a list of sites needing consistent power supply to ministry who would in turn create a platform on which needs could be discussed with CDC who happen to be the funders of APHL.
	July 25, 2012 *Pop ART Laboratory Logistics and Procurement:* ZPCT II took part in a meeting for the POP-ART study. The purpose of which was to address procurement and logistics of laboratory supplies and reagents that will be required to support ART-related testing during the Pop ART study in preparation for the national Forecasting and Quantification Update Meeting for ARV Laboratory Commodities. In attendance were CHAI, CDC SCMS-JSI, CIDRZ, CHAZ ZAMBART and ZPCT II.
	July 26, 2012 *Quality Assurance Consultative Meeting*: ZPCT II provided quality assurance guidelines to the John Snow Incorporated Laboratory team. This was in readiness for laboratory support to the defense forces.
	July 31, 2012 *Meeting with DDLS*: ZPCT II reviewed the current use of internal quality control practices using the 14 ministry of health approved internal quality control forms with the deputy director laboratory services and noted the poor attitude regarding completion of the forms exhibited by some ministry of health staff. Commencement of operations at the PCR Laboratory was also discussed with DDLS indicating plans were underway to operationalize the unit.
	August 21, 2012 *Pop ART Meeting*: ZPCT II attended Pop ART follow up meeting held at Ministry of Health and provided guidance on suitability of laboratory diagnostic equipment suitable for the project. Equipment service and contract issues were discussed through reagent mark-ups and general management of equipment should the project take off as anticipated (March 2013).
	August 22, 2012 *PIMA Report:* ZPCT II attended the meeting convened by MOH held at AIDS relief for finalization of report writing. This meeting was held to consolidate the PIMA pilot report for final submission to MOH. In attendance at the meeting were MOH lab services, CHAI, CDC SCMS-JSI, CIDRZ, CHAZ and ZPCTII.
	September 11, 2012 *Program Mwana:* ZPCT II participated in meeting, for the preparation of M-Health TOT workshop. The meeting was held at ZPCT II office. The main purpose of this meeting was to prepare for the provincial trainer of trainers workshops for Central Luapula Copperbelt and roll out and provincial trainings in ZPCTII supported sites. In attendance were ZICHARD, UNICEF MOH and ZPCTII

Technical Area	Meeting/Workshop/Trainings Attended
	September 24, 2012. *SLMTA Review meeting:* Met with partners at MOH in the DDLS office to determine how much progress has been made through the implementation of improvement projects. Notable was the need to change strategy as improvements were modest and didn't correspond to resource inputs. ZPCT II continues to provide support and technical assistance to laboratory accreditation activities.
	September 29, 2012 *TB Technical Working Group:* ZPCT II participated in the TB technical working group meeting and discussed extensively the adoption of the Gene X-pert at a national level with ministry of health and various other partners. It was agreed that algorithms for its use would be formulated in consultation with clinicians. ZPCT II laboratory staff would eventually be trained in the use of the equipment to enable informed technical assistance.
Pharmacy	**July 9, 13, 20, 2012** *NPVU Program Stakeholders Preparatory Meeting:* ZPCT II, CIDRZ and PRA held a preparatory meeting for the NPVU stakeholders meeting scheduled to take place on 29th July, 2012. The revised program schedule, tentative budget and venue for the meeting were discussed. It was agreed that this meeting would be incorporated in the upcoming capacity building meeting for all provincial pharmacists. Funding logistics were extensively discussed and agreed by partners and MOH presented on the layout of the program which was also adopted.
	July 16 – 19, 2012 *Annual National Quantification and Forecasting workshop for ARV drugs & co-trimoxazole:* The Ministry of Health with support from the USAID DELIVER project hosted the annual forecasting and quantification meeting in an effort to ensure adequate supplies are made available in the most efficient and cost effective manner and partners embarked on a major effort to enhance the supply chain system for the ARV, Malaria and T.B drugs.
	July 23 - 28, 2012 *Provincial Pharmacist Capacity Building Meeting:* MOH in collaboration with CIDRZ hosted this training in systems strengthening and capacity building for Provincial Pharmacists for sustainability of the ART Program. Pharmacist's role in promoting Pharmaceutical care, activity planning and budgeting. Identification of possible areas of Research discussion.
	July 29, 2012 *NPVU Program Stakeholders Consensus Meeting:* PRA in collaboration with ZPCT II held this meeting for NPVU stakeholders including provincial pharmacist and clinical care specialists. The aim of the meeting was to strengthen the Pharmacovigilance System in Zambia through harmonization of medicine safety monitoring activities for better protection of public health. A number of resolutions were made including standardization of the reporting structure, training requirements and other activities to be undertaken in collaboration with all collaborating partners.
	July 31, 2012 *Family Planning Contraceptive Annual National Forecast and Quantification Review Meeting:* The Ministry of Health in conjunction with partners met to review the annual forecasting and quantification that was done last year to ensure that all was on track and also to identify contraceptive needs and funding gaps. Most of the projections were under forecasted and had to be reconciled.
	August 3, 2012 *Annual forecast reconciliation meeting:* This was a review meeting to harmonize the forecast with the logistics data. Most of the products were on course except for a few that were highlighted and adjusted accordingly; the funding gap and probable commitment source was identified.
	August 10, 2012 *Lusaka District ARV LS re-design Meeting:* Lusaka PHO in collaboration with CIDRZ hosted this meeting whose main objective was to get consensus from the cooperating partners on whether it was necessary to have the Lusaka Logistics System redesigned, and such recommendations would then be sent to the Permanent Secretary for approval. It was agreed that there was need to adopt a different logistics system and that a committee be formed to spearhead this activity.
	August 13 - 17, 2012 *SOPs Editorial Committee Update Meeting*: The team met to review the draft copy page by page and gave an update on the pending assignments. A final document was formulated and submitted to MOH for review. The draft cop was sent for type setting with support from UNICEF.
	August 22, 2012 *National Pharmacy Management Mentorship Meeting:* ZPCT II worked in collaboration with MOH and other cooperating partners to develop a national mentorship program for pharmacy aimed at improving pharmaceutical services in the public health systems. The program is designed to target underperforming service delivery points but also to generally improve standards across all facilities to ensure uniformity of services and improve on quality.
	September 5, 12, 19, 2012 *National Pharmacy Mentorship Preparatory Meeting:* Nominated members from different organizations

Technical Area	Meeting/Workshop/Trainings Attended
	including ZPCT II held several meetings to draw the terms of reference for the committee, develop assessment tools, pharmacy mentorship materials, TOT training materials in preparation of the roll out of the program. The TOT was scheduled for the first week of October and the pilot phase of which Lusaka and Copperbelt provinces will participate will be done in two phases before the end of this year.
Strategic Information (M&E – QA/QI)	**September 2 – 16, 2012** *HMIS and SmartCare harmonization workshop:* The ZPCT II team participated in the 12 days SmartCare reports alignment and indicator definition workshop held at Ibis Gardens in Chibombo District. The workshop was organized by Elizabeth Glaser Pediatrics Aids Foundation and MOH. Reports in SmartCare which did not line up with the HMIS had their indicator definitions harmonized during this workshop
	September 3 – 7, 2012 *Review of HMIS data collection tools:* ZPCT II participated in the development and review of the training materials for the roll out of the HMIS data collection tools. During this meeting, guidelines for the new revised HIMS tools were successfully developed

ANNEX C: Activities Planned for the Next Quarter (Oct. – Dec., 2012)

Objectives	Planned Activities	2012		
		Oct	Nov	Dec
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	**x**	**x**	**x**
	Complete the three remaining basic CT courses in Copperbelt, Central and refresher CT in Northern provinces	**x**	**x**	**x**
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	**x**	**x**	**x**
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	**x**	**x**	**x**
	Strengthening the youth friendly activities and creation of more youth friendly corners	**x**	**x**	**x**
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	**x**	**x**	**x**
	Strengthen access of HIV services by males and females below 15 years	**x**	**x**	**x**
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	**x**	**x**	**x**
	Continue strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	**x**	**x**	**x**
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	**x**	**x**	**x**
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	**x**	**x**	**x**
	Strengthen integration of routine CT to FP services which is weaker than FP to CT	**x**	**x**	**x**
	Strengthen referral system between facility-based youth friendly corners and life skills programs	**x**	**x**	**x**
	Continue strengthening integration of CT into MC services by referring uncircumcised CT clients for MC and offering CT to all MC clients	**x**	**x**	**x**
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	**x**	**x**	**x**
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	**x**	**x**	**x**
	Plan for MC counseling trainings for ZPCT II PMTCT/CT officers and health providers in conjunction with MOH and other partners	**x**	**x**	**x**
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	**x**	**x**	**x**
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	**x**	**x**	**x**
	Screening for gender based violence (GBV) within CT setting	**x**	**x**	**x**
	Strengthen the use of community PMTCT counselors to address staff shortages	**x**	**x**	**x**
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair	**x**	**x**	**x**

Objectives	Planned Activities	2012		
		Oct	Nov	Dec
	follow up in the community			
1.2: Expand prevention of mother-to-child transmission (PMTCT) services	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert		x	x
	Continue the implementation of the HIV retesting study with data collection in the 10 sites targeted across the five of the six supported provinces	x	x	x
	Strengthen use of the of the new 2010 PMTCT guidelines in the old facilities and operationalize them in the new facilities,	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for PMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PwP within PMTCT services for those who test positive through training using the PwP module in the PMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities 2010 PMTCT protocol guidelines and norms for service delivery within PMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement in PMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for PMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Strengthen PMTCT outreach in peri-urban and remote areas	x	x	x

Objectives	Planned Activities	2012		
		Oct	Nov	Dec
	including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services			
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	x
1.3: Expand treatment services and basic health care and support	Scale-up ART to new private health facilities and districts	x	x	x
	Orient HCWs in new revised 2010 ART guidelines as well print and disseminate the same	x	x	x
	Support ART/CC and MC services in existing PPP sites; initiate new year three PPP sites	x	x	x
	Conduct scheduled trainings in ART/OI, Adherence for HCWs, and Adherence for ASWs.	x	x	x
	Strengthen implementation of new technical activities including Prevention With Positives ,	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Train ASWs in gender training module and initiate screening of ART clients in the ART clinics for gender based violence	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Print and distribute revised ART guidelines and job aids;	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support enhancement of TB/HIV collaboration activities including Intensified TB case findings	x	x	x
	Strengthen roll-out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Roll out revised Pharmaco-vigilance registers to all ART sites	x	x	x
	Continue working with facility and DHO/PMO staff to prepare ART sites for Accreditation	x	x	x
	Strengthen implementation of activities in Private Sector	x	x	x
	Participation at provincial level in the mentorship of HIV Nurse practitioners.	x	x	x
	Support holding of clinical meetings with HCWs	x	x	x
	Continue working with MOH and other partners in the planning and implementation of national level activities in ART, CC and MC	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients		x	
	Support implementation of model sites through one more mentors training in Lusaka and strengthen mentorship activities in the respective facilities and operationalize resource centers.	x	x	x
	Support training of HCWs in ART/OI for adults and pediatrics			
	Support and strengthen formation of adolescent HIV clinics in high volume sites	x	x	x
	Support pilot implementation of adolescent transition toolkit for adolescents in high volume sites	x	x	x
	TB Intensified Case Finding; actively look for TB patients in the ART clinic through various ways including screening using the Chronic HIV Care (CHC) checklist and provision of x-ray viewing boxes and IEC materials and in MCH settings in collaboration with TBCARE	x	x	x
1.4: Scale up male circumcision (MC) services	Technical support visits in male circumcision in relation to implementation of service delivery activities	x	x	x
	Strengthen MC services in existing sites and expand to new sites	x	x	x
	Initiate and scale up standardized, quality adult and neo-natal MC services at new ZPCT II - supported MOH sites	x	x	x
	MOH and ZPCT II technical officers responsible for MC to conduct field technical supportive supervision to newly trained HCWs	x	x	x
	Support the procedural requirements of certification of HCWs trained	x	x	x

Objectives	Planned Activities	2012		
		Oct	Nov	Dec
	in MC			
	Strengthen mobile MC activities by building on the strengths of the program	x	x	x
	Support preparation and implementation of the MC School Holiday Campaign during the month of August, 2012.	x	x	
	Support community mobilization activities for MC in collaboration with CARE	x	x	x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	SOPs Editorial Committee Update Meetings	x		
	Review draft SOPs at stakeholders consesus meeting	x		
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs		x	x
	Participate in the national pharmacovigilance planned activities		x	
	Support to the MOH pharmacy mentorship program	x		
	Provide ongoing technical oversight to new provincial pharmacy and lab technical officers	x	x	x
	Conduct unit review meeting for all technical staff			x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	x
	Monitoring of facility staff in use of Nevirapine in line with extended use for infants	x	x	x
	Review and update ART Commodity management training package	x	x	x
	Participate in national quartely review for ARV drugs for ART and PMTCT programs	x	x	x
	Support the implementation of the Model Sites mentorship program	x	x	x
	Strengthen pharmaceutical and laboratory services in the private sector	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Promote usage of tenofovir based regimens and newly introduced FDCs ans monitor use of Abacavir baased regimen as alternate 1st line	x	x	x
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		x	
	Administer QA/QI tools as part of technical support to improve quality of services		x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities		x	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	x

Objectives	Planned Activities	2012		
		Oct	Nov	Dec
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.	x	x	
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x	x	x
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Initiate and provide technical support to the six new and 18 old private sector facilities	x	x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Provide on-site QA/QI technical support in two provinces	x	x	x
	Review and update ZPCT II client exit interview questionnaires	x	x	x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Conduct SI unit technical updates meeting		x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade.			
	National SmartCare training targeting the provincial health staff.		x	
	National SmartCare training scheduled to take place by August 2012		x	
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for year four	x	x	
	Amendment of recipient agreements and subcontracts	x	x	x
	Delivery of equipment and furniture to ZPCT II supported facilities		x	x
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide sub grants to selected CBOs/NGOs		x	x
Capacity Building	Conduct three Governance refresher workshops in Luapula, Northern and Central provinces	x	x	x
	Facilitate Human Resources and Finance mentorships in 44 districts	x	x	x
	Facilitate collection of management Indicators in 44 districts	x	x	x
	Submit report on Indicators to ZPCT II Lusaka office			x
	Provide North Western province with technical support for training in gender integration and GBV screening and referral of GBV survivors		x	

Objectives	Planned Activities	2012		
		Oct	Nov	Dec
Gender	Finalize the ASW Manual		x	
	Develop the directory of service providers for GBV services.		x	x
	Finalize QA/QI checklist to supervise gender integration		x	
	Finalize the module on gender for PMTCT (using as a base the gender generic module)		x	
	Engender the 2013 work plan for ZPCT II		x	x
	Backstop the gender integration training for Copper belt province.			x
Finance	FHI finance team will conduct financial reviews of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	x
HR	Team building activities for enhanced team functionality		x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruitment of staff to fill vacant positions	x	x	x
IT	Staff Training on Office365	x	x	x
	Migration to Office365	x	x	
	Follow Up on CDC Computers	x	x	x
	Procurement of ZPCT II staff computers	x	x	x
	Completion of Assets data entry in Pastel Software	x	x	x

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kabwe	1. Kabwe GH	Urban	◆2	◆	◆	◆	◆3		
	2. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	3. Kabwe Mine Hospital	Urban	◆2	◆	◆	◆	◆3		⦿1
	4. Bwacha HC	Urban		◆	◆	◆	◆3		
	5. Makululu HC	Urban	◆1	◆	◆	◆	◆3		
	6. Pollen HC	Urban	◆1	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆1	◆	◆	◆	◆3		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆1	◆	◆	◆	◆3		
	11. Ngungu HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	12. Natuseko HC	Urban	◆1	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
Mkushi	17. Mkushi DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	18. Chibefwe HC	Rural		◆	◆	◆		◆	
	19. Chalata HC	Rural	◆1	◆	◆	◆	◆	◆	
	20. Masansa HC	Rural	◆1	◆	◆	◆	◆3		⦿1
	21. Nshinso HC	Rural		◆	◆	◆		◆	
	22. Chikupili HC	Rural		◆	◆	◆		◆	
	23. Nkumbi RHC	Rural		◆	◆	◆			
	24. Coppermine RHC	Rural		◆	◆	◆			
Serenje	25. Serenje DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	26. Chitambo Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	27. Chibale RHC	Rural		◆	◆	◆		◆	
	28. Muchinka RHC	Rural		◆	◆	◆		◆	
	29. Kabundi RHC	Rural		◆	◆	◆		◆	
	30. Chalilo RHC	Rural		◆	◆	◆		◆	
	31. Mpelembe RHC	Rural	◆1	◆	◆	◆	◆	◆	
	32. Mulilima RHC	Rural		◆	◆	◆		◆	
	33. Gibson RHC	Rural		◆	◆	◆			
	34. Nchimishi RHC	Rural		◆	◆	◆			
	35. Kabamba RHC	Rural		◆	◆	◆			
Chibombo	36. Liteta DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	37. Chikobo RHC	Rural		◆	◆	◆		◆	
	38. Mwachisompola Demo Zone	Rural	◆1	◆	◆	◆	◆3		
	39. Chibombo RHC	Rural		◆	◆	◆		◆	⦿1
	40. Chisamba RHC	Rural	◆1	◆	◆	◆	◆3		
	41. Mungule RHC	Rural		◆	◆	◆		◆	
	42. Muswishi RHC	Rural		◆	◆	◆		◆	
	43. Chitanda RHC	Rural		◆	◆	◆	◆3		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Malambanyama RHC	Rural		◆	◆	◆		◆	
	45. Chipeso RHC	Rural		◆	◆	◆		◆	
	46. Kayosha RHC	Rural	◆[2]	◆	◆	◆		◆	
	47. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	48. Malombe RHC	Rural		◆	◆	◆		◆	
	49. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	50. Shimukuni RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	51. Kapiri Mposhi DH	Urban		◆	◆	◆	◆[3]		
	52. Kapiri Mposhi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	53. Mukonchi RHC	Rural	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	54. Chibwe RHC	Rural		◆	◆	◆		◆	
	55. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	56. Kampumba RHC	Rural	◆[1]	◆	◆	◆		◆	
	57. Mulungushi RHC	Rural		◆	◆	◆		◆	
	58. Chawama UHC	Rural		◆	◆	◆		◆	
	59. Kawama HC	Urban		◆	◆	◆		◆	
	60. Tazara UHC	Rural		◆	◆	◆		◆	
	61. Ndeke UHC	Rural		◆	◆	◆		◆	
	62. Nkole RHC	Rural	◆[1]	◆	◆	◆		◆	
	63. Chankomo RHC	Rural		◆	◆	◆		◆	
	64. Luanshimba RHC	Rural		◆	◆	◆		◆	
	65. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	66. Chipepo RHC	Rural		◆	◆	◆		◆	
	67. Waya RHC	Rural	◆[1]	◆	◆	◆		◆	
	68. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	69. Mumbwa DH	Urban		◆	◆	◆	◆[3]		
	70. Mumbwa UHC	Urban		◆	◆	◆			⦿[1]
	71. Myooye RHC	Rural		◆	◆	◆		◆	
	72. Lutale RHC	Rural		◆	◆	◆		◆	
	73. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	74. Nambala RHC	Rural		◆	◆	◆			
Totals			**24**	**74**	**74**	**74**	**26**	**46**	**10**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Copperbelt Province

District	Health Facility	Type of Facility (Urban / Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Ndola	1. Ndola Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	2. Arthur Davison Hospital	Urban	◆2		◆	◆	◆3		
	3. Lubuto HC	Urban	◆1	◆	◆	◆	◆3		
	4. Mahatma Gandhi HC	Urban	◆1	◆	◆	◆	◆3		
	5. Chipokota Mayamba HC	Urban	◆1	◆	◆	◆	◆3		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⦿1
	12. Kansenshi Prison Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆1	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆1	◆	◆	◆	◆3		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆2	◆	◆	◆		◆	⦿1
Chingola	20. Nchanga N. GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	21. Chiwempala HC	Urban	◆1	◆	◆	◆	◆3		
	22. Kabundi East Clinic	Urban	◆1	◆	◆	◆	◆3		⦿1
	23. Chawama HC	Urban	◆2	◆	◆	◆	◆	◆	⦿1
	24. Clinic 1 HC	Urban	◆1	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆1	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	
Kitwe	28. Kitwe Central Hospital	Urban	◆2	◆	◆	◆	◆3		
	29. Ndeke HC	Urban	◆1	◆	◆	◆	◆3		
	30. Chimwemwe Clinic	Urban	◆1	◆	◆	◆	◆3		
	31. Buchi HC	Urban	◆1	◆	◆	◆	◆3		
	32. Luangwa HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	33. Ipusukilo HC	Urban	◆1	◆	◆	◆	◆	◆	
	34. Bulangililo Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆1	◆	◆	◆	◆3		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆2	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆1	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	45. ZAMTAN Clinic	Urban	◆1	◆	◆	◆	◆	◆	⦿1
	46. Chavuma Clinic	Urban	◆1	◆	◆	◆	◆	◆	

District	Health Facility	Type of Facility (Urban / Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kamfinsa Prison Clinic	Urban	◆2	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
	49. ZNS Clinic	Urban	◆1	◆	◆	◆	◆	◆	
	50. Riverside Clinic	Urban	◆2	◆	◆	◆	◆	◆	
Luanshya	51. Thompson DH	Urban	◆2	◆	◆	◆	◆3		
	52. Roan GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆1	◆	◆	◆	◆	◆	
	55. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	56. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
Mufulira	57. Kamuchanga DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	58. Ronald Ross GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC	Rural		◆	◆	◆		◆	
	65. Chibolya UHC	Urban		◆	◆	◆		◆	
Kalulushi	66. Kalulushi GRZ Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	67. Chambeshi HC	Urban	◆1	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆1	◆	◆	◆		◆	
	69. Chati RHC	Rural		◆	◆	◆			
	70. Ichimpe Clinic	Rural		◆	◆	◆			
Chililabombwe	71. Kakoso District HC	Urban	◆2	◆	◆	◆	◆3		⦿1
	72. Lubengele UC	Urban	◆1	◆	◆	◆		◆	
Lufwanyama	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆1	◆	◆	◆		◆	
	75. Shimukunami RHC	Rural	◆1	◆	◆	◆	◆3		⦿1
Mpongwe	76. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⦿1
	77. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
Masaiti	79. Kashitu RHC	Rural		◆	◆	◆		◆	
	80. Jelemani RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⦿1
Totals			**43**	**79**	**81**	**81**	**42**	**57**	**16**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿1 **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Luapula Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Chienge	1. Puta RHC	Rural	◆2	◆	◆	◆	◆3		
	2. Kabole RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
Kawambwa	5. Kawambwa DH	Rural	◆2	◆	◆	◆	◆3		⦿1
	6. Mbereshi Hospital	Rural	◆2	◆	◆	◆	◆3		⦿1
	7. Kawambwa HC	Rural		◆	◆	◆		◆	
	8. Mushota RHC	Rural		◆	◆	◆		◆	
	9. Munkanta RHC	Rural	◆1	◆	◆	◆		◆	
	10. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	11. Kazembe RHC	Rural	◆2	◆	◆	◆	◆3		
	12. Mufwaya RHC	Rural		◆	◆	◆			
Mansa	13. Mansa GH	Urban	◆2	◆	◆	◆	◆3		
	14. Senama HC	Urban	◆1	◆	◆	◆	◆3		⦿1
	15. Central Clinic	Urban	◆2	◆	◆	◆	◆3		⦿1
	16. Matanda RHC	Rural		◆	◆	◆		◆	
	17. Chembe RHC	Rural	◆2	◆	◆	◆	◆3		
	18. Buntungwa RHC	Urban		◆	◆	◆		◆	
	19. Chipete RHC	Rural		◆	◆	◆		◆	
	20. Chisembe RHC	Rural		◆	◆	◆		◆	
	21. Chisunka RHC	Rural		◆	◆	◆		◆	
	22. Fimpulu RHC	Rural		◆	◆	◆		◆	
	23. Kabunda RHC	Rural		◆	◆	◆		◆	
	24. Kalaba RHC	Rural		◆	◆	◆		◆	
	25. Kalyongo RHC	Rural		◆	◆	◆			
	26. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	27. Katangwe RHC	Rural		◆	◆	◆			
	28. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	29. Luamfumu RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	40. Lukola RHC	Rural		◆	◆	◆			
	41. Lubende RHC	Rural		◆	◆	◆			
Milenge	42. Mulumbi RHC	Rural		◆	◆	◆		◆	
	43. Milenge East 7 RHC	Rural	◆2	◆	◆	◆	◆		
	44. Kapalala RHC	Rural		◆	◆	◆			
	45. Mambilima HC (CHAZ)	Rural	◆1	◆	◆	◆	◆3		
	46. Mwense Stage II HC	Rural	◆1	◆	◆	◆	◆3		
	47. Chibondo RHC	Rural			◆	◆		◆	

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Mwense	48. Chipili RHC	Rural		◆	◆	◆		◆	
	49. Chisheta RHC	Rural		◆	◆	◆		◆	
	50. Kalundu RHC	Rural			◆	◆			
	51. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	52. Kapamba RHC	Rural		◆	◆	◆		◆	
	53. Kashiba RHC	Rural		◆	◆	◆		◆	
	54. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	55. Kawama RHC	Rural		◆	◆	◆		◆	
	56. Lubunda RHC	Rural		◆	◆	◆		◆	
	57. Lukwesa RHC	Rural	◆[2]	◆	◆	◆		◆	
	58. Luminu RHC	Rural			◆	◆		◆	
	59. Lupososhi RHC	Rural			◆	◆			
	60. Mubende RHC	Rural		◆	◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mununshi RHC	Rural		◆	◆	◆		◆	
	63. Mupeta RHC	Rural			◆	◆			
	64. Musangu RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	65. Mutipula RHC	Rural			◆	◆			
	66. Mwenda RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
Nchelenge	67. Nchelenge RHC	Rural	◆[2]	◆	◆	◆		◆	
	68. Kashikishi RHC	Rural	◆[2]	◆	◆	◆	◆[3]		
	69. Chabilikila RHC	Rural	◆[2]	◆	◆	◆		◆	
	70. Kabuta RHC	Rural	◆[2]	◆	◆	◆		◆	⦿[1]
	71. Kafutuma RHC	Rural	◆[2]	◆	◆	◆		◆	
	72. Kambwali RHC	Rural	◆[2]	◆	◆	◆		◆	
	73. Kanyembo RHC	Rural	◆[2]	◆	◆	◆		◆	
	74. Chisenga RHC	Rural	◆[1]	◆	◆	◆		◆	
	75. Kilwa RHC	Rural	◆[1]	◆	◆	◆		◆	
	76. St. Paul's Hospital (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
Samfya	77. Lubwe Mission Hospital (CHAZ)	Rural	◆[2]	◆	◆	◆	◆[3]		
	78. Samfya Stage 2 Clinic	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	79. Kasanka RHC	Rural	◆[1]	◆	◆	◆		◆	
	80. Shikamushile RHC	Rural		◆	◆	◆	◆[3]		
	81. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	82. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			**30**	**76**	**82**	**82**	**20**	**52**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

Muchinga Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Nakonde	1. Nakonde RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆1	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆2	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
Mpika	9. Mpika DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆2	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
Chinsali	20. Chinsali DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
Isoka	26. Isoka DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	27. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	28. Kalungu RHC	Rural	◆2	◆	◆	◆		◆	
	29. Kampumbu RHC	Rural		◆	◆	◆			
	30. Kafwimbi RHC	Rural		◆	◆	◆			
Mafinga	31. Muyombe	Rural	◆1	◆	◆	◆	◆	◆	
	32. Thendere RHC	Rural		◆	◆	◆			
Totals			**9**	**32**	**32**	**32**	**9**	**16**	**4**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿1 **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

Northern Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kasama	1. Kasama GH	Urban	◆2	◆	◆	◆	◆3		
	2. Kasama UHC	Urban	◆2	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆1	◆	◆	◆	◆3		
	4. Chilubula (CHAZ)	Rural	◆2	◆	◆	◆	◆3		
	5. Lukupa RHC	Rural	◆2	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆2	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
Mbala	14. Mbala GH	Urban	◆2	◆	◆	◆	◆3		⦿1
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆1	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆1	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
Mpulungu	25. Mpulungu HC	Urban	◆1	◆	◆	◆	◆3		⦿
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
Mporokoso	28. Mporokoso DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	29. Mporokoso UHC	Urban	◆1	◆	◆	◆	◆	◆	
Luwingu	30. Luwingu DH	Urban	◆2	◆	◆	◆	◆3		⦿1
	31. Namukolo Clinic	Urban		◆	◆	◆		◆	
Kaputa	32. Kaputa RHC	Rural	◆2	◆	◆	◆	◆3		⦿1
	33. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	34. Kampinda RHC			◆	◆	◆	◆	◆	
	35. Kalaba RHC			◆	◆	◆	◆	◆	
Mungwi	36. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	37. Malole RHC	Rural		◆	◆	◆		◆	
	38. Nseluka RHC	Rural	◆2	◆	◆	◆		◆	
	39. Chimba RHC	Rural		◆	◆	◆		◆	
	40. Kapolyo RHC	Rural		◆	◆	◆		◆	
	41. Mungwi RHC (CHAZ)	Rural	◆2	◆	◆	◆	◆		⦿1
	42. Makasa RHC	Rural		◆	◆	◆			
Chilubi Island	43. Chaba RHC	Rural		◆	◆	◆		◆	
	44. Chilubi Island RHC	Rural	◆2	◆	◆	◆	◆		

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			**17**	**45**	**45**	**45**	**17**	**27**	**6**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services** ⦿ **MC sites** ⦿[1] **MC services initiated**	**1 = ART Outreach Site** **2 = ART Static Site** **3 = Referral laboratory for CD4**

North-Western Province

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Solwezi	1. Solwezi UHC	Urban	◆[2]	◆	◆	◆	◆[3]		
	2. Solwezi GH	Urban	◆[2]	◆	◆	◆	◆[3]		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆[1]	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC			◆	◆	◆			
	13. Lumwana East RHC			◆	◆	◆			
	14. Maheba A RHC			◆	◆	◆			
Kabompo	15. Kabompo DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	16. St. Kalemba (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	17. Mumbeji RHC	Rural		◆	◆	◆		◆	⦿[1]
	18. Kasamba RHC	Rural		◆	◆	◆		◆	
	19. Kabulamema RHC	Rural		◆	◆	◆			
	20. Dyambombola RHC	Rural		◆	◆	◆			
	21. Kayombo RHC	Rural		◆	◆	◆			
Zambezi	22. Zambezi DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	23. Zambezi UHC	Urban			◆	◆		◆	
	24. Mize HC	Rural		◆	◆	◆		◆	
	25. Chitokoloki (CHAZ)	Urban	◆[1]	◆	◆	◆	◆[3]		
	26. Mukandakunda RHC	Rural		◆	◆	◆			
	27. Nyakulenga RHC	Rural		◆	◆	◆			
	28. Chilenga RHC	Rural		◆	◆	◆			
	29. Kucheka RHC	Rural		◆	◆	◆			
	30. Mpidi RHC	Rural		◆	◆	◆			
Mwinilunga	31. Mwinilunga DH	Urban	◆[2]	◆	◆	◆	◆[3]		⦿[1]
	32. Kanyihampa HC	Rural		◆	◆	◆		◆	
	33. Luwi (CHAZ)	Rural	◆[1]	◆	◆	◆	◆[3]		
	34. Lwawu RHC	Rural		◆	◆	◆			
	35. Nyangombe RHC	Rural		◆	◆	◆			
	36. Sailunga RHC	Rural		◆	◆	◆			
	37. Katyola RHC	Rural		◆	◆	◆			
	38. Chiwoma RHC	Rural		◆	◆	◆			
	39. Lumwana West RHC	Rural		◆	◆	◆			
	40. Kanyama RHC	Rural		◆	◆	◆			
Ikelenge	41. Ikelenge RHC	Rural		◆	◆	◆		◆	⦿[1]
	42. Kafweku RHC			◆	◆	◆			
Mufumbwe	43. Mufumbwe DH	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	44. Matushi RHC	Rural		◆	◆	◆		◆	
	45. Kashima RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	46. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
Chavuma	47. Chiyeke RHC	Rural	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	48. Chivombo RHC	Rural		◆	◆	◆		◆	
	49. Chiingi RHC	Rural		◆	◆	◆		◆	
	50. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	51. Nyatanda RHC	Rural		◆	◆	◆			
Kasempa	52. Kasempa UC	Urban	◆[1]	◆	◆	◆	◆[3]		⦿[1]
	53. Nselauke RHC	Rural		◆	◆	◆		◆	
	54. Kankolonkolo RHC	Rural		◆	◆	◆			
	55. Lunga RHC	Rural		◆	◆	◆			
	56. Dengwe RHC	Rural		◆	◆	◆			
	57. Kamakechi RHC	Rural		◆	◆	◆			
Totals			**12**	**56**	**57**	**57**	**14**	**20**	**8**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/ Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆		◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
Kitwe	12. Company Clinic	Urban	◆	◆	◆	◆	◆[3]		
	13. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	14. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	15. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. SOS Medical Centre	Urban	◆		◆	◆	◆[3]		
	17. Tina Medical Center	Urban	◆	◆	◆	◆	◆[3]		
Luapula Province									
Mwense	18. ZESCO Musonda Falls	Urban	◆	◆	◆	◆			
North-Western Province									
Solwezi	19. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
	20. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⦿[1]
	21. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⦿[1]
Totals			**18**	**16**	**21**	**21**	**18**	**20**	**3**

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ **ZPCT II existing services**	**1 = ART Outreach Site**
⦿ **MC sites**	**2 = ART Static Site**
⦿[1] **MC services initiated**	**3 = Referral laboratory for CD4**